



# the dental assistant



JOURNAL OF  
THE AMERICAN  
DENTAL ASSISTANTS  
ASSOCIATION

MARCH • APRIL • 1961

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the dental assistant



NO. 2

1961

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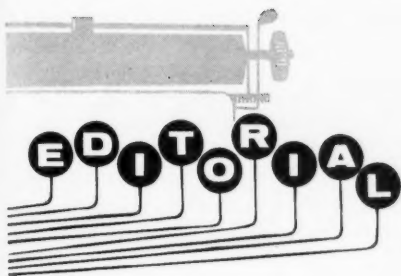


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## Dental Assisting Yesterday--Today--and Tomorrow

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It is gratifying to note that official action to solve the long existing need for standardized educational programs for dental assistants is now evident.

Certainly dental assisting has made considerable progress within the past few years, as the individual practitioner has recognized the value of this arm of auxiliary help.

For a good number of years dental assistants were starved for knowledge and education to increase their abilities to render more efficient service to dentistry. Until quite recently, however, opportunities for improvement were few and far between, aside from the "on the job training" the busy dentist employers found time to offer.

In bygone years a few dentists would, on occasion, include their assistants in enrollment for short lecture courses that included a session on Office Management. These were frequently given by commercial Business Administration firms, and the interested and dedicated dental assistant took them like a duck to water. How many of us can recall the enthusiasm we had for these courses? How many can recall the pages and pages of notes we made, and how we studied them long into the night for weeks afterward — searching for more and more ways to convince our employer that he had not wasted his time and money by including us in the course! These courses filled a need — they inspired us to carry on and keep trying, and they offered many good and helpful pointers. But, as it should be, merely touching our lips to the cup of knowledge only made the really interested dental assistant want to know more — to search further for the help she so desperately needed and wanted.

The American Dental Assistants Association filled a great need through the establishment of its program for Extension Study Courses and Certification for its members. More and more schools offered courses in dental assisting, and with a little help here and there dental assisting has survived and even grown in stature.

True, many assistants of the twenties, thirties and forties have now taken a seat in the retirement section. But, surprising to some perhaps, quite a number are still around who have not yet gone to the sidelines to watch the parade go by, but are still in there pitching — urging the younger "set" to continue the march forward — doing



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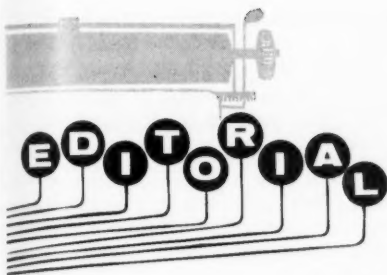
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their best to guide their footsteps along the road to successful and rewarding careers in dental assisting.

Today, although no definite course of action has yet been announced, the picture is much brighter indeed. Things are beginning to happen — the span of differences of opinion is apparently narrowing which is as it must be for all to be benefitted by the programs now under consideration.

The Dental Assistants of yesterday and today must have confidence in the judgment of the men with broad and liberal minds, who are now engaged in serious cerebration on the subject and who will ultimately produce the answers. Let us believe that they will present a logical and workable solution that will be right for us all. Let us be patient and realize that this condition, or problem, has not arisen overnight and will not be solved by the wave of a magic wand. It will take time, study, effort and cooperation on the part of everyone involved — the entire dental health team.

In the meantime, it would behoove all dental assistants to remember, first and foremost, that our occupation is, and will likely always be, one of service. Let us be aware of the fact that our attitudes, conduct and professional performances will be under constant observation. Let us not attempt to steal the spotlight and encroach upon the duties of other auxiliary personnel. We have not yet arrived . . . we have only started the journey on a road that promises to be a little smoother than that over which we have been travelling. Above all, let us not become status seekers . . . status must be earned. If we continue our efforts to increase our knowledge of dental assisting, recognition will come in due time. Like "love and marriage — the two go together like a horse and carriage — you can't have one . . . you can't have one without the other."

## It's Time to Face Facts

Janet Lindenberg\*

Surely many ADAA member-dental assistants throughout the United States know that the condition of a limited number of members in the association *could* be changed, and are not willing to accept the existing situation. We have only approximately one-tenth of the estimated total number of practicing dental assistants in America on our ADAA membership rolls today. With this great potential, doesn't it seem ridiculous to even think that this condition can not be changed if we will face the challenge it presents and put forth the effort necessary to correct it.

Since a share of the responsibility of enlarging our membership belongs to every single individual, unless we do something about it, and soon, it must be concluded that we are willing to accept it. If we sit idly by and permit this condition to exist, we must all assume a share of the blame for whatever happens to our association in the future.

You might consider the word "recruitment" a worn and tired one, but who can deny that it describes action that has been used effectively for many years by organizations

\*Contributing Editor

and businesses, too, for enlargement and expansion. The Armed Forces of our country have had a perpetual recruitment program that has worked most effectively, both in times of peace and distress. We read in our papers that manufacturing firms "recruit" engineers regularly, that Boards of Education work each year in the month of June to "recruit" teachers for the next school year. Yes, such recruitment programs obviously bring desired results or they would not be continued, but successful programs are not executed without intense effort, and herein lies the answer to our problem.

A constant flow of new blood into its ranks is as important to an organization as is fuel to an engine. Regardless of how perfectly an engine is built and cared for, it will not run without fuel. Likewise, no matter how solid the foundation of an organization, or how sound its operations, it can not be an effective one unless it has enough members to supply ample fuel to keep it moving, and at a rate of speed to keep pace with the times.

Our present "recruitment" program, commonly referred to as the ADAA Membership Committee, is planned and activated annually by a committee made up of a Chairman and a certain number of members of the association. The program for 1961 is a good one and the Committee is working diligently to inform and instruct the individual members on ways to "recruit" new members and retain those already enrolled. They have used every means at their disposal to acquaint the entire membership with the program, which includes a contest sponsored by the Johnson and Johnson Company through offering attractive prizes to the individual member who secures the greatest number of members during the year. They have made urgent appeals for the support of the program by the individual member, and the component and constituent groups. How many individual members, and groups, are really working???

"There are some things a committee can't do — especially the things *you* should be doing."

If we want to view it from a purely selfish viewpoint, we should realize that the quickest and surest way to elevate the status of dental assistants and, consequently, increase their incomes, is to improve our membership — both in quantity and quality. However, this should not be our main objective. We should be dedicated to our occupation; we should be motivated by a desire to serve humanity more efficiently. We should have a sense of pride in achievement and accomplishment. We should be proud of our membership in an ethical and recognized organization that carries as its motto the words—

**"EFFICIENCY . . . EDUCATION . . . LOYALTY . . . SERVICE"**

We should do everything within our power to promote its growth and progress.

*Everything comes to him who hustles while he waits.*—THOMAS EDISON

## A Dental Educator Looks at Dental Assisting

Hamilton B. G. Robinson, D.D.S., M.S.\*

This opportunity to speak to the American Association of Dental Assistants comes at a time when the parent profession is discussing the education and certification of dental assistants and when dental educators, public health administrators and the dental profession are considering the possible broadened role of the dental assistant on the dental health care team.

This is the age of science when satellites are piercing the universe to send back messages about outer space and about our own planet and when here, over the earth, planes are outracing the sun. These are but examples of the tremendous technological developments of our time, but with them must come the sober realization that our earthbound population is growing at an explosive rate. We must learn to provide food, products and services for the great population of the world in a more efficient manner.

Dentistry and you fit into this pattern of population growth and service demand. Dentistry remains one of the few areas requiring great individual technical skill. Dentistry has developed rapidly in the past few decades, in fact some 50 to 80 per cent of the materials, instruments, supplies and techniques used today were research curiosities of the 1940's. To mention only

a few — high speed cavity preparation, ultrasonics for prophylaxis, antibiotics, tranquilizers, the modern anesthetics, alloys for restorations, and plastics for dentures, plastics for various intraoral use and investments for casting. The dental profession must continue to improve methods of practice and its approach to patient care.

Health care is no longer rendered by one individual or even by a few individuals who serve as the advisor, confessor and therapist for each patient. Although one physician and one dentist may consult with each patient, and even this is rare today, behind them is a team — the health services team. Dentist, physician, life scientist, public health administrator, sanitarian, health educator, nurse, hygienist, laboratory technician, medical technician, x-ray technician, dental assistant and other paramedical and paradental personnel stand shoulder to shoulder to combat disease. It is even more important that this team promotes good health. We may well consider the dental health team as one within this larger health services team. Here dentist, hygienist, assistant, technician, receptionist and secretary work for the common goal of oral health.

The dental assistant has come a "far piece" from the "office girl" of a few decades ago. This assistant usually was untrained, unrecognized and underpaid. She might answer the telephone, keep books, receive patients, housekeep and, on occa-

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The University of Kansas City  
Kansas City, Missouri

sion, retract, sterilize instruments and hold a water spray or a saliva ejector. The dental hygienist deserves much credit for upgrading of the dental assistant for she was first recognized as working *with* not just *for* the dentist. The dental assistant of today who serves as an essential part of the operation in "four-handed" dentistry has a different place, a different outlook and a different status from her counterpart of the forties. The dental assistant received a significant advance in 1956 when the U. S. Public Health Service helped to establish programs to train dental students to utilize chairside assistants at six dental schools (Alabama, Illinois, Iowa, Kansas City, Minnesota and North Carolina). The program was so successful that the U. S. Public Health Service has aided four more schools (Indiana, Marquette, Nebraska and Southern California) to add similar programs and all schools in the United States may have chairside assisting experiences for their dental students in the near future. In the six experimenting schools different approaches were used to teach dental students to utilize the chairside assistant. Certain facts were found, universally. There is no doubt that training a dental student with a trained chairside assistant improves the *quality* of the dental student's patient care and that he is more productive. The student certainly is better prepared for intelligent use of paradental personnel than is the student without such experience. It has also been shown by these experimental teaching projects that there is great need for more and better training of dental assistants and of expanding her usefulness.

#### TRAINING DENTAL ASSISTANTS

As a result of a cooperative study by the Education Committee of the American Dental Assistants Association and the Council on Dental Education of the American Dental Association a series of proposed requirements for "Approval of Educational Programs for Dental Assistants" were prepared for presentation to the House of Delegates of the A.D.A. at its 1960 meeting in Los Angeles. These proposals established, among other things, a minimum

period of one academic year (9 months) and minimum entrance requirement of high school graduation or the equivalent. The course is to consist of preclinical (background and orientation) and clinical (office, chairside and laboratory) procedures.<sup>(1)</sup> Recognizing the need for additional training programs two resolutions will be presented to the A.D.A.'s House of Delegates "that dental schools be requested to give consideration to programs under which an increased number of dentists and dental auxiliary personnel could be trained to meet reasonable estimates of future needs based on an increased population and a greater public appreciation of dental health services" and "that the Council on Dental Education be requested to advise institutions of higher learning and other agencies to give consideration to the development of additional facilities for educating dental students and dental auxiliaries in order to assist in meeting the needs of the nation for an adequate supply of dental personnel." <sup>(2)</sup> You dental assistants are not just trying to pull yourselves up by your own pump straps, dentistry is boosting you.

#### CERTIFICATION BOARD

The House of Delegates of the American Dental Association will consider the "Requirements for Approval of a Certification Board for Dental Assistants" based on the certification program which your organization has been conducting for 13 years. The House of Delegates will consider and probably approve the principles embodied in your present program.<sup>(3)</sup>

#### STUDY OF EXPANDED DUTIES

The dental profession is interested in knowing how much an assistant *can* do in a dental office. We might ask, Can she hold an inlay while it is setting? Can she cement an inlay? If she can remove excess cement from an inlay after setting, can she polish the inlay after it is set? If she can polish an inlay, can she polish teeth? If she can carry amalgam to a cavity, can she insert filling materials? These are serious and significant questions. Let us look

at some of the things that some assistants now do. Already some assistants (1) assist in routine office or operative procedures, (2) identify and prepare materials, instruments and equipment, (3) use x-ray equipment—developing and mounting and sometimes exposing film, (4) make appointments and keep records and books, (5) purchase and store supplies, (6) use and apply gypsum products, (7) invest, cast and polish inlays and crowns, (8) adapt base plates and wax rims on casts and (9) prepare cases to be sent to the laboratory for processing. In addition these assistants are responsible for patient relationships both from the human approach and from a nursing approach. Should the assistant have greater responsibilities? If she does, how many assistants will be needed per dentist and how many can he use and still maintain his human patient relationship? Recognizing this as a broad problem a resolution will be presented to the American Dental Association's House of Delegates proposing "that the Council on Dental Education be requested to urge qualified educational institutions and agencies to undertake carefully designed programs of experimentation and research in training of dental hygienists and dental assistants so that the profession may determine more precisely their individual roles as members of the dental health team and thus enlarge the dental profession's capacity for service to the people of this country."<sup>(4)</sup> The careful considerations of the Council on Dental Education and the Board of Trustees of the American Dental Association that led to the recommendations to its House of Delegates represent a trend in the evolution of dental practice and the profession's recognition of its social responsibility.

#### THE FUTURE

The increasing need for dental health care and preventive services by the growing population requires new approaches including application of the present results of research, development of new methods for prevention and therapy and the extension of dental manpower including the most effective and efficient utilization of

dental assistants on the dental health services team. I am certain that the duties of the dental assistant will be expanded but this will be part of a changing approach to dental practice and not an isolated development.

The future will bring more prevention, more control of dental disease. If we believe in research at all, we must believe that some day in the not too distant future practical methods will be available for complete control of dental caries. But, as we control dental caries, and the loss of teeth from dental caries, periodontal diseases will become increasingly important. Again research will lead to control of periodontal disease and the dentist's role as the physician of the oral cavity will be clearer in focus. During these changes in emphasis of dental practice the dental assistant will continue as a member of the team but her functions will change with revised emphasis in dentistry.

May I offer some advice? Remember that you are a member of the health services team serving with the dentist who is the professional man. You, an assistant, help him, aid him, supplement him but you work for your doctor. Be not status seekers. In your roles as paradental personnel you are working with the dentist, always for the good of the patient. Your opportunity to serve, not to gain status, is your reward.

- (1) *These "Requirements" were approved by the A.D.A.'s House of Delegates at the 1960 Meeting.*
- (2) *These two resolutions were approved by the A.D.A.'s House of Delegates at its 1960 Meeting.*
- (3) *The House of Delegates of the A.D.A. approved the requirements for approval of a Certification Board for Dental Assistants at its 1960 meeting.*
- (4) *This resolution with substitution of "accredited dental schools and federal dental services" for "qualified educational institutions and agencies," was adopted by the A.D.A.'s House of Delegates at its 1960 session.*

# Preparation For a Successful Table Clinic

Esther M. Wilkins, R.D.H., D.M.D.\*

Table clinics at dental professional meetings have become a classical educational technique. One reason why they are an especially important part of the program is because they give many individuals the opportunity to participate. By this means many can benefit from the practical experiences of their contemporaries.

Dental assistants have an established reputation for presenting excellent clinics. Preparing for a clinic takes time, but the reward in personal satisfaction of having made an important contribution is well worth the effort. Each dental assistant has some technique which she could develop into a table clinic and should accept the responsibility for disseminating her knowledge. This article is written for those who may not have had the courage or ambition to present a clinic, but it is hoped that the seasoned clinician also may gain a few helpful pointers.

If there is a secret to a good table clinic, it is "action." People who see your clinic must stop, they must look, they must listen, they must remember, and they must act. All this can happen if a few fundamentals are taken into consideration as you plan. The four interdependent steps which provide the basis for a successful clinic are: 1. Define your purpose, 2. Outline your presentations, 3. Prepare your materials, 4. Put action into your demonstration.

## DEFINE YOUR PURPOSE

We do best the things we like to do and that are about subjects we know well. Select a subject you understand and that you your-

self can enjoy. Not only will this give you the confidence you need, but it will assure you that at the end of the three hour clinic session you will not be boring your last-minute observers.

Let's say you are going to give a clinic on sterilization. That is a commendable selection, but it is much too broad an area for the time you can allot. Break it down. Present the special procedures which must be followed when preparing instruments for the autoclave. Or outline techniques for the care and storage of sterilized instruments.

Plan for a central thought and stick to it. More emphasis on the main idea and less on details is the greatest need in most table clinics. Now tell yourself why you want to do this particular subject. Are you so convinced of the success of this technique that you will be able to persuade others to adopt the recommended procedure for their practice? For example, it is a rare person who, if he does not consistently use a film holder, can convince anyone that the use of such an aid is the simplest method for obtaining radiographs in particular cases.

## OUTLINE YOUR PRESENTATION

Write down the objective you have formulated in order that you may refer back to it conveniently. Now let's start with your audience. If the meeting is to be a large national or state one, you will likely appear before general practitioners, dental specialists, auxiliary personnel, dental supply people, representatives of other health groups, as well as dentists' wives. Plan your pattern for presentation to make it con-

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ductive to adaptation to the needs of your audience. Even the care of handpieces can be of interest to the dental wife if you can make her realize that such efficient routines as this may indirectly provide her husband more free time to spend with her.

Now is the time to decide how you will get your point over. A table clinic is a demonstration, and the specific purpose of a demonstration is to set forth concretely the relationships as they occur. A continuous process clinic such as making animals from cotton rolls to give child patients, or the procedure for care of high speed handpieces, provides, through the step by step action, the opportunity to set forth relationships readily.

After the specific steps have been decided, and jotted down, analyze them for time. It is wise to imagine that the average person will stay at your table certainly no longer than ten minutes, and even that is a hopeful figure. Can you perform the activities you have set for yourself in less than ten minutes and still leave time to answer a question or two? Or, in the event your audience lingers and another group is not pushing to your table, can you develop your ideas to satisfy the added interest?

One clue to planning the presentation is to think back to previous dental meetings and particular clinics that had special appeal for you. Think again, and you will recall a less interesting one, or one that you glanced at just long enough to decide that you didn't have time to stop. What was it that made the first demand your attention to watch and listen whereas the second did not? Was it the simplicity, the clear order of events, the neat materials? Whatever, you may be assured that others will like in your clinic what you have liked in others.

#### PREPARE YOUR MATERIALS

Your aim is to put over an idea in a quick, direct manner. The materials should be prepared in conjunction with the verbal accompaniment. Some clinicians feel the need of preparing a script, but a portion of the spark and freshness disappears if the script is memorized and adhered to

too closely. An outline for the unwritten script can serve in many ways, not the least of which is to help you keep within your time allotment.

Simplicity is the keynote. Too much of anything, instruments, models, pictures can lead only to distraction from the main theme, as well as clutter on the table. It has been said that when you think your materials are collected, remove two-thirds of them and then arrange the remainder for a simple, effective clinic.

A thoughtful clinician should appreciate the fact that if a clinic is worth doing, it is worth doing more than once, and therefore should be durable, portable, and non-perishable. Even for one afternoon, the chopped ham spread on a sandwich in a sugar-free party food demonstration can get rather brown around the edges.

Let your skill give your clinic individuality, but keep it practical enough to permit the busiest people to reproduce the parts they may use in practice. A little reading in booklets describing the principles of arrangement, eye guidance, color use, and related techniques will make your preparation an interesting experience.

The experts suggest the use of actual or true-size objects. Miniatures do attract, but too often in the wrong way. The point is often lost if the observers approach with "Oh, how cute!" Pay strict attention to technical details. Even in a pretend sterile procedure one must avoid pulling a pencil out of a pocket or pushing back a lock of hair during the demonstration.

Now that you have planned the order of presentation and the materials you will use, you can begin to think of a title for the printed program. For that large group of meeting-goers who study the program and attend only those features of special appeal, your title is particularly important. Abstract titles such as "Practical Suggestions" or "Orthodontics" are neither stimulating nor informative.

A title is used to give the purpose and subject matter in a brief, direct manner. A title such as "Dental Office Literature—An Aid Not A Detraction," or a personally directed title such as "Radiation Protection for You and Your Patient" has audi-

ence appeal. Titles may open with thought teasers to enliven them. "The Use and Abuse of —," "The Usual and Unusual in—," "Analyze Your—," and "Compare Your—," are examples. Language tricks, the tricks of rhyme, repetition and alliteration add color but must be used carefully if the title is to be meaningful. The chairman of clinics is working to produce an attractive program and may be helpful in the final decision.

It is a worthwhile idea to prepare take-home material. A handout which outlines the procedures you have demonstrated and described can be particularly useful. For example, a mimeographed sheet can list the basic exercises which you recommend for the dental assistant each morning and during the day to relieve tense muscles. The give-away will serve to remind the viewer of your clinic of the drawings which you used to illustrate these exercises.

If you do not have a pin with your name on it to wear on your uniform, you can do your public a favor by preparing a printed card for the corner of your table. And if you know that the committee in charge is not providing a placard with the title of your clinic, add this information to your name.

#### PUT ACTION INTO YOUR DEMONSTRATION

Even before your materials are completed, you need to discover a means of attracting attention, and soon after, of holding interest. Psychologists have estimated that 7 of every 8 mental impressions are received through the eye. People have a tendency to pass by without being conscious of the main idea presented unless something unusual or impressive is employed to draw their attention. White models on a white tablecloth can scarcely be expected to be eye-catchers. Agar plates for *Lactobacillus* counts or sterile procedure tests need a contrasting background to set them off. Don't be content with simple black. Find a color which really provides an effective contrast.

Holding attention requires that each individual step of your demonstration be interesting. Impose on a friend to listen and watch a rehearsal to pick out sections

which need greater or less emphasis. If your materials are so well labeled that they are self explanatory, as in an exhibit, you will often find that people read the placards rather than listen. But if your materials require explanation, curiosity is aroused and you can proceed from there to hold their attention. Apparently interest involves recognition of something closely connected with application in this type of situation.

At some time you may have been part of an audience when you had the opportunity to participate. From the Chinese comes the saying "When I hear it, I forget it; when I see it, I remember it; when I do it, I know it." When audience participation devices are used they should be brief and simple to permit a new group to approach the table.

Everything that has been mentioned thus far is of vital importance, but the part that is really going to put your clinic over is your own performance. Impeccable personal appearance accompanied by a sincere, friendly yet professional manner is a prerequisite. A clear, conversational tone of voice, with the words directed to your audience rather than the table top, gives a feeling of participation.

In answering questions or providing references for the answers, confidence can be assured if anticipated questions are included in your preparation. Here is another detail where an analyst at a dress rehearsal can be of help. A clinician who illustrates how the camera is set up for patient photography at the dental chair might well anticipate that someone is going to want to know what projection method is used for patient instruction, or how the slides are filed.

The educators tell us that a demonstration has four features: the preparation, the presentation, the application, and the testing. True learning is accomplished when thinking and habits are changed. Clinicians rarely have the satisfaction of knowing whether observing practitioners return to their same old way of doing things or make changes after such an educational experience. Careful planning, attractive materials, and persuasive appeal can make them want to act as you have suggested.

## Team Work Equals Efficiency\*

June Y. Marie\*

Webster's dictionary defines efficiency as effective operation as measured by a comparison of production with cost in energy, time, and money. These three things make up a great percentage of the life of every individual. We as dental assistants are employed by men to whom the efficient utilization of time is of vital importance; and so by logical deduction we can see that it is of equal importance to us in our work with them. The purpose then of this paper is to find by discussing our everyday associations in the dental office an atmosphere in which both we and our doctors can best achieve the ultimate.

Conservation of time and effort, by systematically organizing office routine, record keeping, and currently applying new ideas, enables us to meet most situations. If we are prepared for the usual, then the unexpected can be coped with, without needless waste.

No two days are alike in a dental office. This I am certain we all know. Although each day holds something of the same as yesterday, it ever affords a new vitality and fresh challenge to give of ourselves in the service to others.

Harmony is the keynote to perfection. In this simple phrase we find the backbone of any enterprise which requires such a whole-hearted spirit of cooperation as must

be present in our own. To place insufficient importance on this cooperative effort is to undermine the confidence we should attain in the eyes of our patients.

The team concept is applied to the working relationship between the dentist and the dental assistant. We each have our definite duties to perform, and we are responsible for them. We could perhaps set down the positive ones as: the dentist cleans teeth, fills cavities, treats mouth diseases, extracts teeth, fits dentures and bridges, performs surgery, and in general does all he can to restore the health and appearance of the patient. We as dental assistants handle office routine and attend him while he is involved in the treatment of the patient. A usual office routine includes arranging appointments, collecting payment, keeping records, handling the telephone, greeting and welcoming the patients and making the office as attractive as possible.

The importance of small things should not here be overlooked or underestimated, for the proper handling of details is often the deciding factor in the attainment of efficiency and a successful practice. This is where if we have practiced day by day a routine schedule it will enable the team work of the assistant and the dentist to accomplish their duties at a designated time.

Without an assistant to attend to the general office duties required for the functioning of a modern practice, a dentist is

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\*Presented to the Tennessee Dental Assistants Association May, 1960, Memphis, Tennessee.

# Opportunities

## Through Public Relations\*

Anne Lanier

Public relations are open to every member of the Dental Assistants three hundred and sixty-five days a year. It begins right in your own local society, office and community. The benefits of good public relations are many, for example, not only increasing your own dental knowledge, but that of the patients who come to your office; and the general public in your community, plus the personal satisfaction of knowing your job is "well done."

We, as dental assistants, are trying to let our activities be known. This then brings to mind that it takes every member of the Dental Assistants if we are to advance and have a worth-while organization.

Public relations, like charity, begins at home! So bring to each of your members a greater knowledge of the profession which we are serving. Encourage them to attend their local programs. Advances are continually being made in the dental field. We must keep abreast of the latest concepts in dentistry in order to be more efficient. Through the media of our certification program, we are striving to elevate our occupation to a higher level.

At our regular meetings we have at least nine opportunities each year to increase our knowledge of dentistry. Nine opportunities for lectures or demonstrations, one or more for each monthly meeting. Then at our State meetings there are lectures given by outstanding doctors in their chosen fields.

As dental assistants our duties are many. We are the "ambassadors" for our dentist-employers. Quite frequently we make our "first appearance" over the telephone. Is your voice smiling today? Remember your

"public relations" over the phone when you have that trying individual at the other end.

What is your appearance when the patient reports for his or her appointment? Are you neat from your pert D.A. cap to your snow white shoes? As you make your neat appearance it will lift your mental attitude. For is there one of us who does not feel well when we know we are making a good appearance?

Discuss the lectures, clinics and activities of your society's meeting with your employer. He will then understand your continued interest in dentistry. This tends to increase your efficiency in each day's work, and your employer will be aware of that fact.

When it becomes known that we represent the dental profession, we are on "exhibit" at all times. Our community looks to us with pride. They appreciate the interest and information we give them on dental education. There are many ways that we may carry our responsibilities in our community. As dental assistants, our members are on call to assist the local or State Dental Societies in any undertaking that would require our services. It is up to us to let them know that we wish to take an active part. You may, either as a parent-member of the P.T.A. or by coming in contact with parents, suggest that they have a speaker on Dental Health. Let's not forget that organizations such as the Red Cross, Elementary schools, and the Dairy Council are always in need of assistance from health groups.

When someone in your community or dental society receives recognition for outstanding achievement, do you take time out to write a note of congratulations? Not only will it inspire that individual to fulfill

*Continued on page 16*

\*Presented to the Tennessee Dental Assistants Association May, 1960, Memphis, Tennessee

# Be Your Own Bargaining Agent

By Jack H. Wooding, D.D.S.,  
Long Beach, California

The recent effort to organize the dental assistants and form a labor union has, for the present at least, collapsed. The purpose of this article is not to consider the pros and cons of unionism, but to decide if membership in a union would enhance the stature, income and working conditions of the dental assistant.

One measure of a union's strength is its power in collective bargaining. However, in this case, we do not have a collective employer. For example, there are over 3000 individuals and small groups spread over Los Angeles County alone. Who will be the employer representative in collective bargaining with union representatives? It's very simple, there would still be 3000-plus employer representatives and I cannot see how successful negotiations could be conducted.

Do the dental assistants need a union? I don't believe so. Should their working conditions be improved? I believe wholeheartedly they can and should be. Unfortunately no one will do it for you. You are going to have to accomplish it for yourselves. You can and will be assisted by the progressive members of the dental profession who have long recognized the real value of educated, interested assistants.

No dental practice today can be successful without skillful, experienced assistance. Success may mean different things to different people. *First*, professional success; the best service a dentist can give, utilizing his peak ability and training. *Second*, financial success; an efficiently operated practice maintained by skilled employees, well paid and happy in their work will assure an excellent financial reward for each day's effort.

What can you do as a career assistant to improve your situation?

*Reprint from Journal, Southern California Dental Assistants Association, Volume XX, No. 12, December, 1960.*

1. Make a hundred times more effort than you have in the past to increase the membership in your association. You are not yet large enough numberwise to have a strong voice in representing yourselves as an organization.
2. Enlarge the certification program. This program now has more recognition than in past years. Take advantage of this and publicize it as much as possible.
3. Take advantage of your local Dental Assistants Advisory Committee and those men who are interested in helping the dental assistants increase their professional stature.

A dental assistant is no longer a scrub woman and telephone answerer. If she is, she is in the wrong place and should find another. Ability, skill, loyalty and intelligence are not commodities which can be bought, but they should be rewarded. Each one of you must *be your own bargaining agent* and the more you improve yourself and your organization, the more you are worth. *It's up to you.*

## OPPORTUNITIES

*Continued from page 15*

his or her obligations more efficiently, but it will be known that you are interested. The Golden Rule still prevails in anything we do.

We "older" members of our society should not fail to take advantage of the opportunity to help and encourage our new members. The knowledge gained at our lectures and clinics will help them to know that they are the "winners" and haven't wasted their time and efforts by being a part of the "Dental Health Team."

In conclusion, I would like to leave this thought with you as found in Colossians 4:6: "Let your speech be always with grace, seasoned with salt, that ye may know how ye ought to answer every man."

## Use of Trichlorethylene Analgesia\*

Anne AuBuchon

### I. Why use inhalation analgesia?

- a. Overcome fear and apprehension.
  1. For the child or adult who has had a bad experience with "shots".
  2. For the inherently fearful person.

#### b. Swelling

1. When a local anesthetic cannot be given because of swelling, vapor analgesia can be used to sufficient extent that the involved tooth can be removed without pain.

#### c. Pain control over a large area.

1. Deep scaling.
2. Cavity preparations in scattered areas.
3. Insertion during full-mouth reconstruction.
4. Removal of scattered deciduous teeth.

### II. Contra-indicated.

- a. On asthmatics—because of breathing difficulties.
- b. Following carsickness—the weak stomach may be aroused again.
- c. On known anemia—fainting may occur.
- d. Severe cardiac failure, or active cardiac disease.

#### e. Toxemia of pregnancy.

#### f. Without patient cooperation.

1. Through resistance, patient can defeat purpose by improper breathing.
2. Through physical resistance, patient can create danger of accidents.

### III. Pre-medication.

- a. Mild sedative—to relax patient.
- b. Atropine—to counteract possible laryngeal reflex irritation and decrease salivary flow.
- c. Vitamin K—when indicated, to control post-operative bleeding.

### IV. Preparation of patient.

- a. Encourage the patient to go to bathroom prior to beginning induction—may prevent much squirming and delays during procedure.
- b. Talk to patient about how he will feel during procedure—sort of "funny all over"; like being on a merry-go-round, or flying a space ship.
- c. Demonstrate how to control amount of analgesia.

### V. Method of Induction.

- a. Position the mask.
- b. Have patient control amount of analgesia, if possible. If a deeper analgesia is required, someone else will need to control the regulator.

\* Presented at the ADAA Annual Clinic's Session, New York City, New York, September 14, 1959.

- c. Gradually accommodate the patient to the vapor, by slowly increasing the amount.
- d. Some patients require only a minimum to permit operative dentistry without discomfort.
- e. Analgesia can be maintained by intermittent administration.

#### VI. Control of patient during inhalation.

- a. Dentist should never work alone.
- b. Speak softly and encouragingly to patient throughout procedure. Instruct patient briefly and clearly, when necessary.
- c. Observe patient.
  - 1. Dilation of eyes—as analgesia is effected, eyes become dilated.
  - 2. Appearance of complexion; color should remain good throughout. Observe for any loss of color, or clamminess.
  - 3. Control of regulator. When the patient is controlling the regulator, watch it occasionally, to be sure he has not released it completely, or is giving himself too much. If someone other than the patient is controlling the regulator, observe the patient to be sure that the right amount of vapor is being received.
- d. Use mouth prop, when analgesia is deep enough that patient has difficulty keeping mouth open.
- e. Use vacuum machine to remove water, blood, debris, to speed operation.
- f. Have oxygen available.

#### VII. Recovery.

- a. Normal recovery is within a few minutes, after light analgesia. When analgesia is deeper, allow time in recovery room.
- b. Observe that pupil dilation is back to normal before releasing patient—usually 15 or 20 minutes.
- c. Don't permit patient to walk on street, unescorted, or to drive a car, within a reasonable time after use of vapor analgesia. (Reflexes are slower.)

#### VIII. Summary

- a. Trichlorethylene analgesia offers

a choice to patients for many operative procedures.

- b. It allays the fears of those who are frightful of "shots".
- c. It speeds operative time.
- d. Side reactions are few and unimportant.

### TEAM WORK

*Continued from page 14*

unable to perform his work to the best of his ability. It is evident that one could hardly be successful without the aid of the other. Yet here again if we are unable to work in close harmony, then this failing is projected to the people with whom we come in contact.

As we work more smoothly and naturally with our employers, this feeling of a confident relationship cannot help but be absorbed by the patients. The patient is soothed into a more cooperative state and our work can be accomplished with greater ease and perfection. We and we alone can create this mood of serenity by understanding and expediting the problems that beset our employers. This will take no small effort on our part, but the resulting pleasant environment will be well worthy of our attention.

When we fail to give a service to our patients, then our goal is unaccomplished. We have failed to be efficient. All of the good work that could be done might possibly go by. Consequently team work and efficiency go hand in hand. Efficiency without harmonious "Team Work" is cold and unrewarding.

The dentist-assistant team can either make or break a practice. If our patients are to be given the impression that they are considered wanted, important, and will be helped, they must receive it through us as a "Team." We can only give this impression when we are both happy with ourselves, our work, and each other.

Theodore Roosevelt once said, "Everybody owes something of his time to the upbuilding of the profession to which he belongs."

## Assisting in a Patient Education Program\*

Assisting in Patient Education Programs in any type of practice is a challenge. It requires study and effort and, above all, team work. The Dentist and Assistant must work as a team and toward full cooperation from the patient if the program is to be successful.

The mechanics of the program must be outlined by the Dentist. The Assistant should have a thorough understanding of the program through instruction and information given to her by her dentist-employer, and should work under his supervision.

One of her most important functions is keeping accurate records of treatment and instruction given the patient. She must arrange appointments for the patients' periodical examinations. This is a responsibility that can safely be delegated entirely to the assistant once the Dentist has given her information relative to the timing of examinations for each patient.

The Assistant will also find that it is necessary to be sufficiently informed to answer questions asked by the patient who has either forgotten the Dentist's instruction, or did not fully understand and is reluctant to ask him to repeat. She must, however, always be certain that she is not going beyond the instruction the Dentist has given her in answering these questions. There is ample Dental Health Education literature available from the Bureau of Public Health of the American Dental Association, that will enable the Dentist to keep a supply for distribution to patients at a nominal cost. Some dentists have mimeographed copies made of instructions

for home care they prescribe in specific cases. Such literature often helps the assistant to avoid discussions of technical nature that are beyond her realm of knowledge.

A dentist can give sufficient general instruction and information to his assistant that will prepare her to give correct answers—thus saving him time to repeat instructions.

The following are a few questions that might be asked, and topics which an assistant might be prepared to discuss, as an assistant in a practice of Dentistry for children.

1. What advice can you offer to an expectant mother on the care of her teeth during pregnancy?

Topics:

- a. proper diet
  - b. periodical examinations
  - c. restoration of carious or missing teeth.
  - d. post-natal treatment and care.
2. What should I know about my child's mouth at its birth?

Topics:

- a. tooth formation at birth
  - b. name and number of a child's first set of teeth.
3. What about my child's first visit to the Dentist?

Topics:

- a. age to make first visit.

\* *Resume of a paper, by Faye Brewer, Chattanooga, Tennessee, presented to Tennessee Dental Assistants Association, May, 1960, Memphis, Tennessee.*

- b. preparing the child for this new experience.
  - c. frequency of visits.
  - d. home care between visits.
  - e. table of eruption dates.
4. Why is it important to fill "baby" teeth?
- Topics:
- a. proper mastication of food.
  - b. the foundation teeth.
  - c. maintaining correct symmetry of jaws.
  - d. importance in insuring better positioning of permanent teeth.
5. When should my child "shed" his first, or deciduous, teeth?
- Topics:
- a. why some deciduous teeth do not become loose at the correct time.
  - b. the importance of regular dental

- examinations during these years.
6. What about the permanent teeth?

Topics:

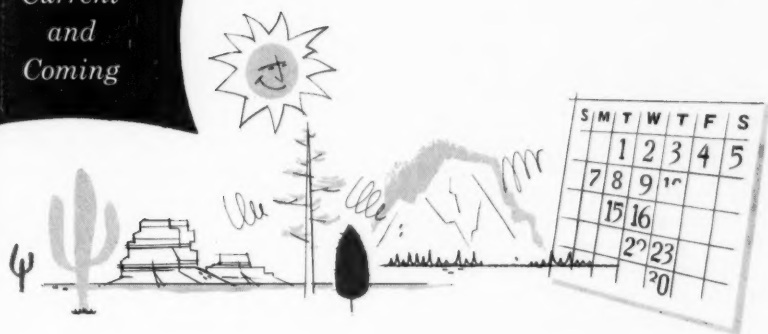
- a. number and names of teeth.
- b. average eruption dates.
- c. proper toothbrushing methods.
- d. periodical examination.
- e. why x-rays are important in making examinations.

If your office does not have an effective Patient Education Program, your dentist-employer might welcome your suggestions and help in outlining one for his office. The interest the assistant shows in the programs of the office in which she is employed is helpful to both the Dentist, and to his patients. The Assistant can increase her knowledge of dentistry greatly through active participation in Patient Education programs.



These Tulsa (Oklahoma) Dental Assistants participated in a Smile Survey, which was held in Tulsa County January 5-21, 1960. A coronation banquet for "The Queen of Smile" held in Oklahoma City on February 10 was the climax of the program. The assistants shown here posed for a picture used in the publicity of the program in Tulsa County. L. to R. Hazel Rose and Frances Henderson.

Current  
and  
Coming



## Convention Warm-Up

Myra J. Petrie\*

It hardly seems possible that we must be thinking about another Annual Session. October seems so far away and yet, we must all begin to plan. The 1961 Annual Meeting of the American Dental Assistants Association will be held October 15, 16, 17, 18, and 19 in Philadelphia, Pennsylvania — the City of Brotherly Love — the Birthplace of America. What a wonderful opportunity to plan for a few days of vacation along with this convention!

Why should you plan for a few days vacation along with a convention? First of all, conventions provide group security. Just as the people who conduct travel tours take advantage of the psychology of group security the conventioner subconsciously experiences a similar type of "togetherness." It is a well known fact that people enjoy themselves more when they go in a group, particularly if it is their own group. This eliminates the obstacle of going or being alone. The magic of your registration badge produces a feeling of well being in a strange city. In other words convention

time is an opportunity to advance educationally, culturally and socially with people who have a same common interest, mainly, dentistry.

Automatically, officials of your association in the city and state where the convention is to be held become your official hosts by virtue of the arrangements they have made with hotels, restaurants, theatres and such. There is special catering to a convention group. People of the city, the Chamber of Commerce, the hotels and the public establishments jealously guard their reputations as a good convention city and, therefore, make a special effort, put out their best smiles toward a visiting conventioneer.

Why not take advantage of this host-guest atmosphere by attending the 1961 Annual Meeting of the American Dental Assistants Association. Here you will learn more about your profession through the scientific sessions, you will learn about the progress your association is making through its business sessions, and you will learn more about the birthplace of democracy through sightseeing and visits to historical places.

\*Publicity Chairman  
1961 Annual Session

What special attractions will you find in this City of Brotherly Love? Our convention headquarters will be The Benjamin Franklin Hotel located in the heart of Philadelphia's financial, shopping, and theatrical district. Many early American shrines are within five minutes walk of the hotel. The Pennsylvania, Baltimore & Ohio, and the Reading Railroad Stations are within fifteen minutes of the hotels and limousine service is available every thirty minutes direct to International Airport. We feel it is a perfect location for an outstanding convention!

Using the Benjamin Franklin Hotel as the center of our activities you need only walk two blocks to Independence Hall, the birthplace of our nation! Here the Declaration of Independence and the Constitution were drawn and signed. Here is the famous Liberty Bell that proclaimed freedom throughout our land. Walking half a block further you will find Carpenters Hall which was the meeting place of the First Continental Congress. There are other interesting and historic spots all within a short walking distance such as the Betsy Ross House, Christ Church, Edgar Allan Poe House and the first United States Mint. Many visitors still proclaim the original atmosphere somehow remains in all of these places. A short distance away is the famous Wanamaker's Department Store and opposite the hotel is Sak's Fifth Avenue!

There are places of cultural interests too. The Franklin Institute and Fels Planetarium are among the world's greatest institutes of scientific marvels. The Philadelphia Museum of Art contains many of the world's most valuable objects of art.

If it is the theatre you fancy we will have more up to date news of current plays and arrangements for tickets in a later issue.

Philadelphia itself is in a most strategic location. It is only one and a half hours ride by fast train to New York City. It is only one and a half hours to Atlantic City and only two hours to Washington, D. C. And in between these major cities are actually thousands of small resorts and places of historic interest that you may wish to visit. Don't forget Valley Forge, Gettys-

burg, Trenton, the Pocono Mountains, and hosts of others.

Naturally one person can't enjoy all of these places in a short period of convention time but independent interests vary and that is why Philadelphia and its environs have been for many years considered among the world's finest for pleasing many tastes and interests.

Our national convention is open to all dental assistants and their guests. Not many stop to realize, however, that the arrangements for the visits are made by a small group of carefully selected representatives who as officers and committee members prepare for the arrival of many. Our General Arrangements Chairman Rose K. Donohue's task is to coordinate all the activities of her various chairmen so that every possible wish, whim, or fancy of the conventioning dental assistant is taken care of from the first moment she arrives in the convention city to the last *au revoir*. Her primary objective is to have every visiting dental assistant say, "This is the best convention I ever attended".

Convention activities will begin Sunday evening at 7:00 with the Pennsylvania Dutch Fair. Although Pennsylvania is rich with historic background we also have a delightful sect known as the Pennsylvania Dutch. A three piece Dutch band will provide the entertainment for your welcome.

From then on the schedule will be overflowing with items of education, excitement, and relaxation. You will be hearing about these in time, and certainly there will be more information concerning these affairs in subsequent issues of our journal. We just want to call your attention to the dates at this time. Hurry to your appointment book and mark off enough days to enjoy all of this.

Your publicity chairman and her committee will be delighted to be of help with any plans that you may be pleasantly toying with now. Won't you please write us? We would like to help you with some little detail or any major ones.

Have you that appointment book handy now? The dates are October 15, 16, 17, 18, and 19. (Aw, go ahead, mark off a couple of extra days!)

## Greetings From Jakey and Sarah

Ve vish to thank all you goils for being so nice to us ven we visited with youse in California. Now ve vant to remind youse again to not forget and come to our part from the country, this next October. Ve vill show youse our Brothers Love once.

Ve don't haff a Disneyland but much surprises ve vill haff for youse. Save all your pennies and tell your Boss Man that Sarah and Jakey are respecting you. More next time.

P.S. Our names are Jakey and Sarah not "Anna & Yohn."

*Eds. Note—"Ve apologiz to youse, Jakey and Sarah. Youse haff sister and brudder, name Anna and Yohn, naw?"*



### HELEN F. HENDRICKS OF BALTIMORE, MARYLAND

On December 1, 1960 Helen was presented a Sustained Superior Performance Award and given an Outstanding Employee Rating by a Department of the United States Army.

This was in recognition of the assistance she gave Colonel Ogren from Headquarters, Second Army, Fort George G. Meade, Maryland in securing information and materials, and making the necessary arrangements, to establish a Study Course for Dental Assistants at Fort George G. Meade, Maryland.  
AND . . .

### BARBARA FISHER OF NEW BEDFORD, MASSACHUSETTS

Through participation as a Panel Member in a discussion of *Careers for Dental Assistants and Dental Hygienists*, which was presented over radio station WNBH, New Bedford, Massachusetts, December 12, 1960, Barbara gained recognition for her vocation and her association.

The panel discussion was conducted under the auspices of the Office of Guidance and Placement of the New Bedford High school, with Director, Mary Carroll, as the Moderator.

## Report on the Seventeenth Congress on Dental Education and Licensure\*

Four of the major recommendations of the Commission on the Survey of Dentistry were the basis for panel discussions of the Seventeenth Congress on Dental Education and Licensure held February 4 at the Conrad Hilton Hotel in Chicago.

The Moderators and panel members were largely dentists who are actively engaged in the field of dental education. Representatives of most of the nation's dental schools and members of state boards of examiners were in attendance for the day-long congress. Also represented were top officials of the American Dental Association. All members of the American Dental Association were welcome to attend.

*In Panel Discussion No. 1, regarding the Commission's recommendation that the dental schools give students more experience in working with auxiliary personnel, recognition was given to the increasing need for more dentists.*

Moderator, Dr. Hamilton B. Robinson, Dean, University of Kansas City School of Dentistry, noted that the summary report of the Survey of Dentistry observed that most dental students do not appreciate the role of the dental auxiliary at chairside and do not effectively utilize the services of dental hygienists, assistants and technicians.

Dr. John Brauer, Dean, University of North Carolina School of Dentistry, urged interested persons to study the monograph of the proceedings of the September, 1960 Conference in Chicago on the experience of ten schools teaching students how to effectively utilize the services of auxiliary personnel. He reported that \$800,000.00 in federal funds will be available to schools interested in activating programs to train dental students in the use of auxiliary per-

sonnel, for the fiscal year ending June 30, 1962. He said that the University of North Carolina had been one of the first six to start such a program, and that they suggest such training be given in three 2-week periods during the senior year, with the use of a trained dental assistant in the clinic.

In response to a question from Dr. Weber, of the University of Oregon, as to where the supply of dental assistants for these programs would come from, Dean Brauer proposed that dental schools activate dental assistant training programs.

Miss Elizabeth Lynn, Director, Department Dental Hygiene, Marquette University, said that most dental hygienists trained since 1923 had worked as dental assistants as well as dental hygienists. "A dental hygienist cannot be expert unless she has had more than exposure to dental assisting," she said.

Dr. Robert G. Kesel, College of Dentistry, University of Illinois indicated that he foresees a change in the position of the dental hygienist. He said, "The bulk of her time is spent at the chair giving prophylaxis and there is little time spent in educating the patient in good oral hygiene. A study should be made of the functions that should be delegated to the hygienist after two years' training."

*Panel Discussion No. 2 concerned the Commission's recommendation that the dental profession conduct studies designed to develop and expand the duties of auxiliary personnel.*

The panelists realize the increasing demand for more and better care, and believe the answer lies in increased office efficiency and better use of chairside assistants and auxiliaries.

Panelist member, Dr. Maynard K. Hine, Dean, School of Dentistry, Indiana University, told the congress that other professions are ahead of dentistry in the use of assistants. "The Lawyer uses students

\*Conducted under the auspices of the Council on Dental Education of the American Dental Association.

and the Physician uses many types of technicians and nurses. It is high time the dental profession studies how to expand the duties of auxiliary personnel," he said.

Panelist member, Dr. Arthur Wuehrman, acting Dean, School of Dentistry, University of Alabama, said. "As to dental manpower, if we think in terms of needs, dentistry is not fulfilling its obligation. The prospects for increasing the present supply of dentists is poor; the alternative is to increase the dentist's efficiency through the greater use of chairside auxiliaries."

In answer to a question from Dr. H. S. Huxtable, member of the committee in charge, as to whether dental schools were taking the problem seriously, Dean Hine stated that most schools would like to have programs by which dental students could receive more experience in working with auxiliary personnel, and would have them if they could find the means to finance them. "It would be premature now to seek to change state dental practice acts. Study should come before action," he said.

Reference was made to laws passed in England and in Manitoba allowing technicians with two years training to do prosthesis and related types of dental work, and the question of whether this will come to pass in the United States was raised.

In considering the modification of training of dental auxiliaries, it is believed that such studies should cover (1) what mechanical practices can be assigned to the assistant, (2) the type and length of program necessary to train assistants in these practices, and (3) the controls that must be set up regarding these practices.

*Panel Discussion 3 covered the Commission's recommendation that all state boards of dentistry accept the results of the National Board Dental Examinations, in lieu of their own written examinations, and restrict their evaluation to technical and clinical procedures.*

Dr. George W. Teuscher, Dean of the Dental School, Northwestern University, stated that if minimum examination qualifications were similar in all states, that all states then would recognize the national board examinations, and that the various state examining boards should cooperate

with the National Board to improve on the National Board examination.

Dr. Harry Blechman, Chairman of the Council of National Board of Dental Examiners, suggested that a survey be made of the states that do not now recognize the National Board of Dental Examiners to discover why they do not recognize it.

*Panel Discussion 4 covered the commission's recommendation that dental schools make their curriculums more flexible and stimulating, and that honors programs be arranged for gifted students, when possible. The panel members commented favorably on this recommendation.*

All four of the recommendations of the Commission on Survey of Dentistry in the United States, which were used as the basis of the panel discussions, obviously received the approval of the moderators, panelists and the audience.

### Special Announcement By the Certifying Board

1. Since a grace period of two years has been granted for RECERTIFICATION, renewal of new certificates will not be required until January 1, 1963. Hence, certificates already issued, bearing an expiration date of December 31, 1961, will be renewed in 1962 without charge and without other requirements.
2. Beginning January 1, 1963, a period of 90 days will be allowed for renewal of ALL certificates. Failure to file for renewal within the grace period will result in forfeiture of privilege to renew for that year. In order to renew the following year, applicant must pay the yearly fee of \$2.00 PLUS a \$2.00 fee for reinstatement.
3. Certificates issued following the May and October examinations each year will not expire until December 31st of the following year; thus allowing those newly certified at least one full year before renewal will be required.
4. New certificates will NOT be issued each year. A covering seal bearing a new expiration date to be placed over the expiration dates on certificates will be issued as a renewal mechanism.

## What's New?

### —Recertification and Certificate Renewal\*

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#### RECERTIFICATION

**WHO?**—*Everyone* who has ever held a certificate issued by the American Dental Assistants Certification Board, *without regard to present employment in dentistry or membership in the A. D. A. A.*

**WHEN?**—Application may be made *now or anytime before December 31, 1962.*

**WHY?**—To be certified under a *program* which is *now* approved by the American Dental Association.

In order to be *eligible* for annual renewal of certificate.

*Personal Desire — Progress — Advancement.*

**HOW?**—By *applying* for *Application Form*; completing same and *returning Application Form* with \$5.00 fee to:

Annette Stoker, Executive Secretary  
Certifying Board of the A. D. A. A.  
103 Midland Avenue  
Glen Ridge, New Jersey

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*\*From a release by the Certifying Board of the American Dental Assistants Association (formerly known as American Dental Assistants Certification Board)*

**NOTE:** Certificates will be issued and numbered according to order received.

#### RENEWAL

**WHO?**—Any *Member*, regardless of *type of membership*, who holds a new certificate issued by the *Certifying Board of the American Dental Assistants Association.*

**WHEN?**—*Before* annual expiration date.

**WHY?**—To *maintain and advance* your *status* as a *currently Certified Dental Assistant.*

To show proof of *continuing education.*  
To receive additional *educational benefits.*

**HOW?**—By *meeting* the *requirements* set forth by the *Certifying Board.* These requirements *may be met* by all *Certified Assistants* who indicate their *interest in the progress of dentistry.*

*Filing required application and returning application with renewal fee of \$2.00.*

*Utilization of the educational material made available by the ADAA Committee on Education.*

**NOTE:** The \$2.00 fee will be *used to develop continued educational programs* that will be *provided* for all *Certified Dental Assistants* coming under *renewal.*

*Speaking for  
the A.D.A.A.*



LOIS KRYGER

## From Our President...

### "CITIZENS OF THE SIXTIES"

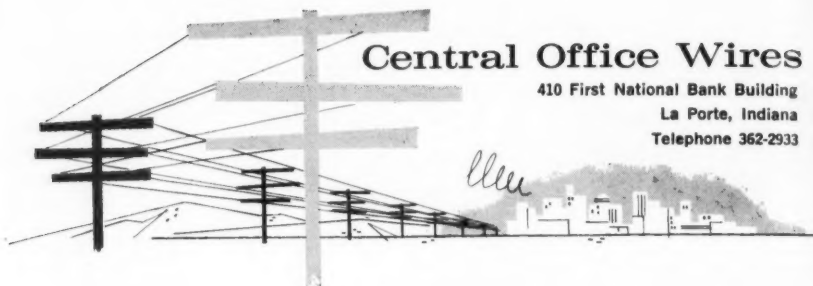
During the past few months a great deal has been said, and written about "The Sixties" — the decade in which we now find ourselves. Many plans and activities are anticipated that will hopefully lead to progress and peace for the world. It has been emphasized by many speakers and writers that these goals can be brought about by cooperative effort — cooperation of each citizen, as well as cooperation of each nation. This philosophy has not been newly tailored to fit the new administration, but it is a well known axiom that leads to the success of any group effort. The size or scope of the organization is not an important factor, but cooperation in reaching a common objective is necessary for progress.

A trio of mountain climbers will not reach the summit without the combined efforts of each climber. Each must help the other or they all tumble to the bottom, or fail in their attempt to conquer the peak. Our world will not be at peace without the cooperation of each nation. Each nation must desire a peaceful existence with the rest of the world, or there is war. The citizens of the nations must cooperate and help bring about an economic and cultural climate that encourages and stimulates progress, and a real desire to contribute to their own society.

It is noted that the smallest group, and certainly the largest of groups are comparable in that both require cooperation in seeking goals. The members of the dental assisting occupation comprise neither the largest nor the smallest group. We can see, however, a similar comparison as we measure achievement on the basis of the degree of cooperation projected by the individual in a dental office, as well as a group situation.

Dental assistants enter the "Sixties" as true citizens of the dental profession. We are in a sense, "naturalized citizens" of the profession in that our Certifying Program has its approval, and we now have educational requirements. There couldn't be a better beginning for the Sixties, as this is a most interesting, challenging, and important time for our occupation.

Will each citizen of the American Dental Assistants Association contribute toward our future by cooperating to the fullest extent in all her associations? An easy way to begin would be to ask yourself, "What can I do for dental assisting?"



## Central Office Wires

410 First National Bank Building  
La Porte, Indiana  
Telephone 362-2933

We would again like to remind the members to keep us informed of name and address changes. This is of particular importance when a member moves to another state. When you apply for membership in the society of another state, please give the secretary the information of your previous membership — both local and state. We need this information in order to keep an accurate record on your permanent membership card in Central Office. If you are recently married, please give your name prior to your marriage, and also your previous address if you have changed places of residence. Approximately six weeks advance notice is required to make this change of address and be certain you will not miss an issue of your Journal.

The new dues statement, now the official membership dues remittance form, provides an excellent opportunity for a member to verify her address with the records of her local society's secretary. The secretary addresses the Statement to the name and address on her records; should this not be correct, the member may enter her new name and address in the space provided on the lower right portion of the Statement. A change of employers can be indicated by filling in the space for name of present employer. The Presidents of all component societies have received copies of the Revised Sample Bylaws for Component Societies and the Revised A.D.A.A. Bylaws — additional copies will be sent to societies upon receipt of request for them.

We would also call your attention to the messages from the Program Coordination Committee and the J.A.S. Relief Committee in the A.D.A.A. NEWS BRIEFS, February, 1961. The messages offer benefits to each member.

**REMINDERS:** Study Course Outlines are now \$2.00 per copy. Please include a check with your order.

Additional Copies of dues remittance Forms — A and B — are available to societies upon request.

ELMA TROUTMAN,  
Executive Secretary

## A. D. A. A. Insurance Plan

Helen A. Petersen\*

Are you a *new member*? Have you been offered the opportunity to participate in our *insurance plan*? Every new, and renewed, member should have the opportunity to apply for our own *insurance plan*. Ask your *membership chairman* for an ap-

plication. If none are available, *please* ask the Chairman to request a supply.

If you have a current ADAA Membership Card, and are in good health, you may apply for your choice of *insurance coverage*. If you are a *renewed member*, but have just "put off" choosing your *ADAA insurance coverage*, won't you do it today, for your own protection?

Keep your *membership* paid up — Keep your *ADAA insurance* in force —

*Chairman, Insurance Committee*  
1270 E. Woodbury Road  
Pasadena, California

## A. D. A. A. Guidepost ...



### United Effort Is The Answer

Lucille H. McIntyre\*

As Chairman of the 1961 A. D. A. A. Membership Committee, this writer is charged with the responsibility of guiding the committee in a program designed to substantially enlarge the association's membership this year. To succeed in this endeavor, the committee must have the support of every member—it can *not* be done through committee effort alone—it *can* be done by the individual members working as a team at all association levels under the guidance of the national committee.

#### UNITED EFFORT IS THE ANSWER

Every member should know, through information provided in the last two issues of this journal and literature made available to the state secretaries for distribution to the individual member, that the Johnson and Johnson Company is supporting this drive by providing several attractive prizes for the members who secure the largest number of new ADAA members by the closing date of the contest July 1. Is this not added incentive for the members to really work in this drive?

#### UNITED EFFORT IS THE ANSWER

If you haven't given it serious thought, we suggest that you get out your pencil and estimate the number of hours you would have to work to earn the money for expenses to the ADAA Annual Meeting. Then, estimate the amount of time you believe would be required to secure a sufficient number of members to put you in the winner bracket. We believe you will be surprised! The first prize is fabulous, and the second and third prizes

are mighty attractive too! However, in considering the benefits you can reap, don't forget to include the personal satisfaction it will give you to know that you have rendered a service to your association, and had a part in starting a new dental assistant on the road to a more successful career.

#### UNITED EFFORT IS THE ANSWER

Reports from authoritative sources indicate that the demand for dental services has never before been as great as it is today, and that the demand is expected to increase greatly within the next ten years. If dental assistants want to become effective members of the dental health teams of today, and tomorrow, they must prepare to accept a share of the responsibility to meet the demand for services, along with the Dentist, the Hygienist and the Technician.

#### UNITED EFFORT IS THE ANSWER

We are convinced that the best possible starting point for this preparedness is through affiliation with recognized dental assistant groups at all levels. We believe this because we know that such membership provides educational benefits for dental assistants today, and because we have absolute faith that the association will enlarge and expand its programs to offer even greater benefits in the future. Dental assisting offers an interesting and satisfying career, and we are confident that the profession's recent action of approving "Requirements for the Approval of Educational and Certification Programs for Dental Assistants," will encourage more, and better educated, young women to pursue a career in dental assisting.

*Continued on page 31*

\*Chairman, Membership Committee.

## A. D. A. A. History In The Making

Louise Hunsinger\*

At the present time history is truly in the making for the American Dental Assistants Association. Of course, this history will not likely be recorded in the official annals of our country nor influence the fate of the world, but surely it will influence the lives of a certain number of people—more specifically, dental assistants.

A big step in ADAA history was made at the ADAA 36th Annual Session held in Los Angeles in October 1960, and the leaders we chose there are doing a wonderful job in carrying out the affairs of our fast growing organization.

But, as time marches so rapidly on, we must move ahead with plans for another meeting which, coincidentally, will be held in a place where much of the history of our great country was made—where the signing of the Declaration of Independence and many other outstanding historical events took place—Philadelphia, Pennsylvania. What we do there will most surely affect the future of our association in many ways, and not the least of the decisions made and action taken, will be that of choosing the guiding hands to lead us through another "history making" year.

When the House of Delegates convenes for the ADAA 37th Annual Session in Philadelphia in October will you, as a member or as a local or state officer, be able to feel that you have contributed all within your power to assure continued success in our association?

Although it is impossible for each of us to attend the meeting, there are many things we can do to show our interest and concern for the future of dental assisting and our organization. One of the most important of these is the nomination of qualified members to lead our association through another successful year. Have you given thought to this and to the fact that these nominations must be made by you?

As a local or state officer you are neglecting one of your most important duties if you fail to bring this before your individual groups for consideration and discussion. You are in a better position than anyone to know the qualifications of the members with whom you associate. Ask yourself the following questions before approaching members.

- Are they genuinely interested in the advancement and the future of the ADAA?
- Would they like to be considered as officer material? (you must have their consent before making the nomination).
- Do they have the time to devote to the many demands of an organization such as ours?

In addition to the necessary qualifications, these things are also important.

If you are asked to give your consent for your name to be submitted as a nominee for an office, think of the honor that is being offered you! Considering the number of members in the ADAA, it is an honor and a privilege to even be asked to allow your name to be placed on the list of nominees. Whatever you do, give it your serious consideration . . . and then say Yes!

Each constituent and component society has, or soon will receive, a nominating form covering the requirements of eligibility for election to an ADAA office. Read these carefully and present them to the members of your respective societies.

To quote some of our country's historians, Benjamin Franklin once said, "If a man keeps his shop, his shop will keep him"—let's keep our Association moving forward. Remember a good past record ". . . is not something to stand on, but something to build on"—let's build. "United we stand . . ."—let's stand together and work together for outstanding leadership in this "new frontier" our A.D.A.A. is approaching.

\*Member, Nominating Committee

## Professional Forum Or Pink Tea?

Alberta Reed\*

The recent approval of the House of Delegates of the American Dental Association of—"Requirements for the Approval of Educational Programs for Dental Assistants" and "Requirements for Approval of a Certification Board for Dental Assistants," places a real responsibility upon the shoulders of the component and constituent societies of the ADAA. That responsibility is to plan, publicize and execute programs for monthly meetings, annual sessions, workshops and conferences designed to bring material of outstanding educational value to dental assistants everywhere!

How do your component and constituent societies measure up to this responsibility? Are your programs planned in advance? Do you present speakers who cover topics concerned with dental education and service? Do you make certain that a booklet or bulletin, announcing your entire program, is in the hands of each member? Are your meetings conducted in a professional and studious atmosphere, thus achieving the stature of a professional forum? Or, are your programs planned on the spur of the moment, covering a variety of frivolous subjects, with the membership "in the dark" about the next meeting, thus falling into the chaos and confusion of a "Pink Tea?"

Membership is a vital factor in the success and effectiveness of the component and constituent societies, as well as the ADAA. If you hope to increase, and hold, your membership in the component society (thus assuring the constituent society and the ADAA a stable and increasing membership), you must be concerned about the calibre of your programs.

There is another factor affecting the success, or failure, of your meetings to educate, inform and please your membership. This factor is your business meeting!

Plan them carefully and in advance, execute them with authority and in a business-like manner, know your bylaws and live by them, and you will be rewarded with an interested, informed and enthusiastic membership.

These suggestions are not intended to gainsay the value of laughter, friendliness, helpfulness and social exchanges at your meetings. These elements are vital contributions to the success of your meetings—but they are the "trimmings," not the "meat and potatoes." Read the editorial, "How To Pep Up Your Meetings," on page 10 of the September-October, 1960, issue of the Journal for ways to add "trimmings" to your meetings.

Your ADAA is interested in your programs and, therefore, urges you to enter your program booklets and state newsletters in competition for the awards to be given at the next annual session in Philadelphia, Pa. These programs and newsletters must be submitted to this committee before July 1, 1961, to be eligible for consideration for these awards.

President Kryger has called upon us, this year, to be "do-ers" instead of just hearers." This puts it squarely up to each of us to plan a program, or contribute to a program, or attend a program designed to make us better dental assistants! !

### UNITED EFFORT

*Continued from page 29*

#### UNITED EFFORT IS THE ANSWER

As members of the American Dental Assistant Association, we must not allow our 1961 Membership Drive to go on record as a feeble, half-hearted attempt. We must join forces, nationwide, and put forth an all out effort to make this drive the most successful one ever made by our group.

It should be done . . . it can be done . . . let's do it in 1961.

UNITED EFFORT IS THE ANSWER

\*Chairman, Program Coordination Committee

## "Forward To The City Of Brotherly Love"

Sally R. Cochran\*

Hear Ye! Hear! Calling all Clinicians!

Now is the hour for American Dental Assistants to prepare for the invasion of the City of Brotherly Love. Do not wait until summer to make your plans for your special clinic. Let us show the true pioneer spirit so famous in our American heritage. Let us uphold the tradition of Betsy Ross and other First Ladies of our land by full representation—each State with full quota of Clinics.

The most likely place to start on your way to presenting a Clinic at the 1961 Annual Session of the American Dental Assistants Association in Philadelphia is to participate in your local Clinic Program, then present it at your Annual State meeting. Yes, it takes a little time, effort, initiative, imagination and "doing" to share your knowledge with sister assistants. Remember, what is "old stuff" with you may be a complete new field to another. Certainly none of us are too old to learn whether we be a novice assistant or life member.

The Committee is aiming for full representation—i.e., each State having as many clinics as delegates. Good representation at State meetings means full representation at the Annual session of the American Dental Assistants Association. It is not necessary to be a delegate to present a clinic; nor is it necessary that clinicians be delegates.

Any active, independent or student member of the ADAA may present a clinic. Select your topic, prepare your material, use models, illustrations or other materials to demonstrate so it will not be a paper or lecture. It would be wise to limit your clinic to 5 to 7 minutes, thus permitting easy listening and allowing everyone to view and hear each clinic in the limited

time allowed. You will be in complete uniform and will be seated or standing at a table—(Card-table in size).

As in former years, the District Clinic Trophy, presented to the ADAA in 1955 by the Medical-Dental-Hospital Bureaus of America, will be awarded to the District represented by the greatest number of Clinics (pro-rated according to membership) and each Clinician will receive a Certificate of Appreciation from the ADAA.

No doubt the ADAA will again be invited to participate in the Clinical-lecture program of the American Dental Association. These lectures are to be in the form of a combined lecture by the Assistant and the Dentist with whom she works. Time allowed for these lectures is 40 minutes. Watch for further notice pertaining to this phase of the clinic program.

There will be two Clinic Sessions in Philadelphia; our own session in the Benjamin Franklin Hotel and the Clinics selected for the A.D.A. program will be presented at Convention Hall. Each Clinician will participate in only one session, either our own session or the ADA program. According to rules and regulations, there may be no substitutions of clinic, once it is accepted; however, there *may* be a substitution of clinician, presenting the already registered clinic, but, only for those clinics appearing on the ADAA program. No substitutions may be made for those accepted to appear with the ADA.

The deadline dates will be announced in the near future. We urge the State Presidents and Secretaries to watch for the deadline dates and make certain all clinic titles, clinicians' names, addresses and outlines of clinics are submitted to the Chairman, Clinics and Exhibits Committee in plenty of time.

\**Chm. Clinics & Exhibits Committee*  
800 Commerce Building  
Erie, Pennsylvania

## Mid-Year Meeting Of The Board Of Trustees Held

A two-day session of the Board of Trustees was held in the Conrad Hilton Hotel, Chicago, Illinois on February 4th and 5th.

Of the twenty voting members of the board, seven officers and nine district trustees were in attendance. Also in attendance was the Parliamentarian, Editor, Executive Secretary and Business Manager.

All business, brought to the board through the reports and resolutions of officers, trustees, committees and the component and constituent groups, was transacted.

The Chairman of the 1961 Convention Arrangements Committee, Rose Donohue, was present to bring a report of convention plans to date. (Early information on the 1961 Convention appears elsewhere in this issue.)

The Certifying Board of the ADAA met with the Board of Trustees to report and

discuss latest development in its program. A special announcement and other information from the Certifying Board appears elsewhere in this issue.

Preceding the meeting of the Board, a two-day meeting of the Evaluating Committee was held. A report of the committee's activities and findings was presented to the Board, as were resolutions for consideration and action.

A complete report of the business transacted at this two-day session will be presented to the House of Delegates at the annual session in October, 1961.

Following the two-day session, a one-day Conference for Trustees was held. Titles of the papers presented at this conference and the names of the participants will be noted in the President's Report. The Trustees in attendance indicated that the Conference was beneficial to them in carrying on the work within the districts of the ADAA.

### AMERICAN DENTAL ASSISTANTS ASSOCIATION

#### Chairmen—Standing Committees—1960-61

##### BUDGET & FINANCE

Merle Andrews, 1167 Illinois Ave. S. W., Huron, South Dakota

##### BY-LAWS

Mary Alice Ford, 1141 Lincoln St., Glenview, Illinois

##### CLINICS & EXHIBITS

Sally Cochran, 800 Commerce Bldg., Erie, Pennsylvania

##### EDUCATION

Ruth D. Giblin, 85 Park St., Montclair, New Jersey

##### INSURANCE

Helen A. Petersen, 1270 E. Woodbury Rd., Pasadena, California

##### JUDICIAL & LEGISLATION

Claire Williamson, 310 Medical Arts Bldg., Atlanta 8, Georgia

##### J.A.S. RELIEF

Mathilda E. Bremer, 1610 W. Lake St., Minneapolis 8, Minnesota

##### J.A.S. SCHOLARSHIP

Virginia Carpenter, 2292 S. Parkway E., Memphis, Tennessee

##### LIFE MEMBERSHIP

Steve Ann Montgomery, 5114 Bowser St., Dallas, Texas

##### MEMBERSHIP

Lucille H. McIntyre, 11249 Camarillo, North Hollywood, California

##### NOMINATING

Joy Phillips, 3041 W. Pierson St., Phoenix, Arizona

##### PROGRAM COORDINATION

Alberta E. Reed, 8484 Stuhldreher St., N.W., Massillon, Ohio

##### PUBLICATIONS

Ruth Asp, 2718 13th Ave., So., Minneapolis, Minnesota

##### PUBLIC RELATIONS

Anna Carey, 1331 W. Market St., Lima, Ohio

# When and Where

## AMERICAN DENTAL ASSISTANTS ASSOCIATION

Thirty-seventh Annual Session, October 16-19, 1961, Philadelphia, Pennsylvania.

Headquarters: Hotel Benjamin Franklin.

Secretary: Mrs. Alice Eder, 1047 Diamond Street, Camden, New Jersey.

Executive Secretary: Mrs. Elma Troutman, 410 First National Bank Building, La Porte, Indiana.

### STATE ASSOCIATION MEETINGS

FIRST DISTRICT			
State	Date	Headquarters	City
Maine	June 15-17	Hotel Samoset	Rockland
Massachusetts	May 2-4	Hotel Statler	Boston
New Hampshire	June 18-20	Mountain View Inn	Whitefield
Rhode Island	January 17-18	Sheraton-Biltmore Hotel	Providence
Connecticut	May 10-11	Hotel Statler	Hartford
THIRD DISTRICT			
Dist. of Columbia	March 12-15	Shoreham Hotel	Washington, D.C.
Ohio	November 5-8	Deshler-Hilton Hotel	Columbus
Maryland	May 9-10	Lord Baltimore Hotel	Baltimore
Pennsylvania	May 18-30	Cocoa Inn	Hershey
FOURTH DISTRICT			
Alabama	April 24-26	Town House Motor Hotel	Mobile
Florida	May 21-23	Balmoral Hotel	Miami Beach
Georgia	October 1-3	Dinkler-Plaza Hotel	Atlanta
Louisiana	May 5-7		Lafayette
Mississippi	June 25-28	Buena Vista Hotel	Biloxi
Puerto Rico	January 25	Hotel La Concha	San Juan, P.R.
FIFTH DISTRICT			
Kentucky	April 9-11	Brown Hotel	Louisville
North Carolina	May 14-17	Hollywood Hotel	Southern Pines
South Carolina	May 7-10	Wade Hampton Hotel	Columbia
Tennessee	May 14-17	Mountain View Hotel	Gatlinburg
Virginia	April 30-May 3	Patrick Henry Hotel	Roanoke
West Virginia	July 23-26	Greenbrier Hotel	White Sulphur Springs
SIXTH DISTRICT			
Illinois	May 8-10	Hotel Jefferson	Peoria
EIGHTH DISTRICT			
Arkansas	April 9-11	Hotel Marion	Little Rock
Oklahoma	April 23-26	Hotel Mayo*	Tulsa
Missouri	May 7-10	Hotel President	Kansas City
Kansas			
NINTH DISTRICT			
Oregon	March 6-8		Portland
Washington	Mar. 26-29	Emel Motor Hotel	Seattle
Idaho	September 1-4		Sun Valley
Montana			
Wyoming			
TENTH DISTRICT			
Arizona	April 12-15		Phoenix
Colorado	October 1-4		Colorado Springs
New Mexico	May 10-13		Albuquerque
Texas	April 30-May 2		Houston
Utah	May 18-19		Salt Lake City
ELEVENTH DISTRICT			
No. California	April 16-19	Sir Francis Drake Hotel	San Francisco
So. California	April 23-25	Statler Hotel	Los Angeles
Hawaii	June 18-22		Honolulu
Nevada	April 30-May 2		Las Vegas

\*There may be a change in the Hotel.

## Instructions For Ordering ADAA Emblem Pins, Guards, and Certification Wreaths

All ADAA emblem pins, guards and Certification Wreaths must be ordered through the State Secretaries, who verify membership (and eligibility to wear the pin).

Order blanks may be obtained from the jeweler. It is a good idea for the local society secretaries or pin chairmen to obtain a supply of these order blanks for the use of their society members.

Fill out your order — attach your check or money order to this blank, add the proper amount for insurance — and send it to your State Secretary — unless your Society has arranged that the local Secre-

tary send all these orders to the State Secretary.

The State Secretary checks the membership and signs the orders and sends them on to the jeweler.

In the case of Certification Wreaths, the State Secretary forwards these orders to the Executive Secretary of the ADA Certification Board, after she has signed them to attest to the membership. The ADACB Executive Secretary checks the Certification records for member's eligibility and forwards the order to the jeweler.

Pins, guards, and wreaths may be mailed directly to the purchasers, if names and addresses are included in the order; or a group of orders for one society may be shipped to one person if desired.

## AMERICAN DENTAL ASSISTANTS ASSOCIATION PRICE LIST ADAA EMBLEM, PIN, AND GUARDS

	10K	Gold Filled
Emblem Pin .....	\$3.65	
Gavel with Pearl — State President .....	3.85	\$2.50
Gavel — Component Society President .....	2.75	1.85
Gavel — President-Elect Gavel with Elect on handle .....	2.75	1.85
Gavel with "Vice" on handle — All Vice Presidents .....	2.75	1.85
Quill with 3 Pearls — State Secretary .....	3.85	2.75
Quill — Component Societies .....	2.75	1.85
Inkwell — Assistant Secretaries .....	2.75	1.85
Crossed Quill & Key — Secretary-Treasurer .....	3.85	2.75
Key with 3 Pearls — State Treasurer .....	3.85	2.75
Key — Component Treasurer .....	2.75	1.85
Quill in Inkwell — Editor .....	3.25	2.25
Torch — Committeeman .....	2.75	1.85
Open Book — Historian .....	2.75	1.85
Single Letter Guard — Initial of State, City, Society .....	2.75	2.00
Two Letter Guard — Separate Letters .....	5.50	3.85
Special Design — Double Letter .....	3.25	2.25
Double Numeral Year Guard .....	2.75	
Loyalty Guards — 5 Year and 10 Year .....	2.75	
Loyalty Guards — 15 Year, 20 Year and 25 Year .....	3.85	
Trustee Guard .....	2.75	
Certification Wreath Only* .....	3.85	
Attach wreath to your ADAA Pin .....	1.15	
Certification Pin Complete* .....	7.50	

\*Must be ordered on official blanks but sent to your State Secretary for approval — then to Assistant to the Secretary, ADACB, Inc., Mrs. Annette Stoker, 103 Midland Ave., Glen Ridge, New Jersey. Send pin directly to Karl J. Klein, Inc., Jewelers.

Trophies — Gavels — Special Presentation Awards — Prices sent upon request.

Sample Pin Display Case Available for Your Meetings. Contact Your District Trustee directly for Sample Pin Display Case.

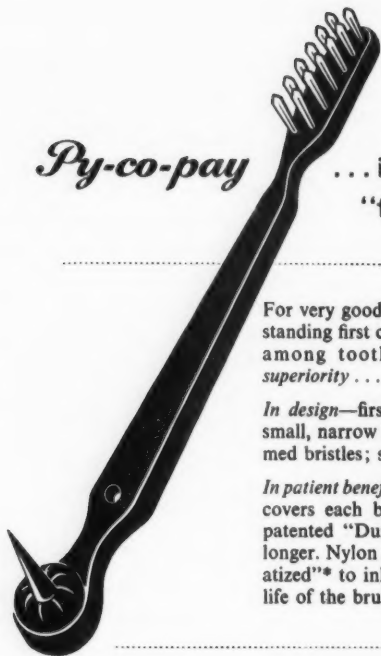
### OFFICIAL JEWELER

Karl J. Klein, Inc., Jewelers, 806 S.W. Broadway, Portland 5, Oregon

"ADD 15¢ to above price for the insured mailing of your pin."

*Py-co-pay*

... is the profession's  
"favorite toothbrush"



For very good reason, Py-co-pay is the outstanding first choice of the dental profession among toothbrushes. That reason is *superiority* . . .

*In design*—first in professional standards—small, narrow head 1" long; uniformly trimmed bristles; straight, rigid 6" handle.

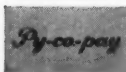
*In patient benefits*—fits better in lingual areas, covers each brushing position thoroughly; patented "Duratized"\* natural bristles last longer. Nylon and natural brushes are "Steratized"\* to inhibit bacteria for the effective life of the brush.

#### PLUS THESE SPECIAL FEATURES

- Py-co-TIP—flexible rubber tip for interdental stimulation.
- Choice of bristle texture to meet every need—medium, hard and extra hard nylon; "Softex" multi-tufted nylon; hard natural. Junior brush in medium nylon.
- Widely distributed thru retail stores so that patients can easily follow their dentist's specific recommendations.
- Available to the profession at special low prices for patient instruction in oral hygiene.

\*T.M.

**BLOCK DRUG COMPANY, INC.**  
Jersey City 2, New Jersey



recommended by more dentists than any other toothbrush



# When and Where

## AMERICAN DENTAL ASSISTANTS ASSOCIATION

Thirty-seventh Annual Session, October 16-19, 1961, Philadelphia, Pennsylvania.

Headquarters: Hotel Benjamin Franklin.

Secretary: Mrs. Alice Eder, 1047 Diamond Street, Camden, New Jersey.

Executive Secretary: Mrs. Elma Troutman, 410 First National Bank Building, La Porte, Indiana.

### STATE ASSOCIATION MEETINGS

FIRST DISTRICT			
State	Date	Headquarters	City
Maine	June 15-17	Hotel Samoset	Rockland
Massachusetts	May 2-4	Hotel Statler	Boston
New Hampshire	June 18-20	Mountain View Inn	Whitefield
Rhode Island	January 17-18	Sheraton-Biltmore Hotel	Providence
Connecticut	May 10-11	Hotel Statler	Hartford
THIRD DISTRICT			
Dist. of Columbia	March 12-15	Shoreham Hotel	Washington, D.C.
Ohio	November 5-8	Deshler-Hilton Hotel	Columbus
Maryland	May 9-10	Lord Biltmore Hotel	Baltimore
Pennsylvania	May 18-30	Cocoa Inn	Hershey
FOURTH DISTRICT			
Alabama	April 24-26	Town House Motor Hotel	Mobile
Florida	May 21-23	Balmoral Hotel	Miami Beach
Georgia	October 1-3	Dinkler-Plaza Hotel	Atlanta
Louisiana	May 5-7		Lafayette
Mississippi	June 25-28	Buena Vista Hotel	Biloxi
Puerto Rico	January 25	Hotel La Concha	San Juan, P.R.
FIFTH DISTRICT			
Kentucky	April 9-11	Brown Hotel	Louisville
North Carolina	May 14-17	Hollywood Hotel	Southern Pines
South Carolina	May 7-10	Wade Hampton Hotel	Columbia
Tennessee	May 14-17	Mountain View Hotel	Gatlinburg
Virginia	April 30-May 3	Patrick Henry Hotel	Roanoke
West Virginia	July 23-26	Greenbrier Hotel	White Sulphur Springs
SIXTH DISTRICT			
Illinois	May 8-10	Hotel Jefferson	Peoria
EIGHTH DISTRICT			
Arkansas	April 9-11	Hotel Marion	Little Rock
Oklahoma	April 23-26	Hotel Mayo*	Tulsa
Missouri	May 7-10	Hotel President	Kansas City
Kansas			
NINTH DISTRICT			
Oregon	March 6-8		Portland
Washington	Mar. 26-29	Emel Motor Hotel	Seattle
Idaho	September 1-4		Sun Valley
Montana			
Wyoming			
TENTH DISTRICT			
Arizona	April 12-15		Phoenix
Colorado	October 1-4		Colorado Springs
New Mexico	May 10-13		Albuquerque
Texas	April 30-May 2		Houston
Utah	May 18-19		Salt Lake City
ELEVENTH DISTRICT			
No. California	April 16-19	Sir Francis Drake Hotel	San Francisco
So. California	April 23-25	Statler Hotel	Los Angeles
Hawaii	June 18-22		Honolulu
Nevada	April 30-May 2		Las Vegas

\*There may be a change in the Hotel.

**CARBOCAINE HCl 2%**

WITH NEO-COBEFRIN 1:20,000  
FOR LONGER LASTING ANESTHESIA

**CARBOCAINE HCl 3%**

WITHOUT VASOCONSTRICTOR  
FOR ANESTHESIA OF SHORTER DURATION

**NOW**  
for effective patient management,  
select the anesthetic solution  
to fit the procedure —

FOR LONGER LASTING ANESTHESIA  
**CARBOCAINE® HCl 2%**  
BRAND OF MEPIVACAINE HCl  
with **NEO-COBEFRIN® 1:20,000**  
BRAND OF LEVO-NORDEFRIN

FOR ANESTHESIA OF SHORTER DURATION  
**NEW CARBOCAINE® HCl 3%**  
BRAND OF MEPIVACAINE HCl  
**WITHOUT VASOCONSTRICTOR**

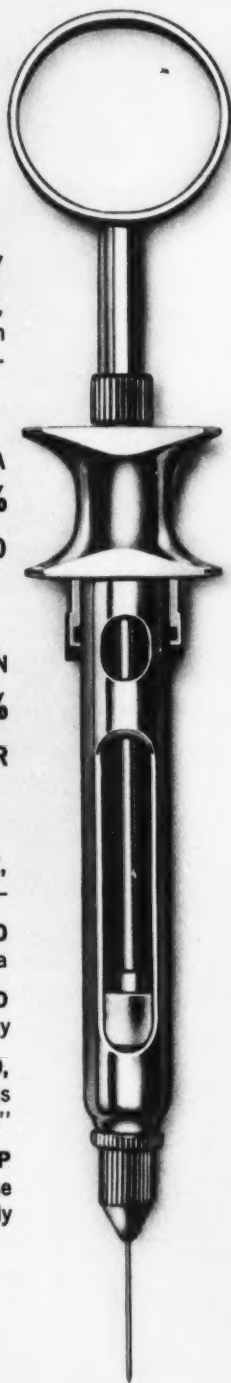
From **COOK-WAITE**,  
anesthetic solutions that are —

**TIME CONTROLLED**  
since you select the anesthesia

**WELL TOLERATED**  
with a wide margin of safety

**RAPID,**  
so rapid that onset has  
been called "immediate"

**DEEP**  
and penetrating because  
they diffuse readily



## **CARBOCAINE HCl 2%**

WITH NEO-COBEFRIN 1:20,000

### **FOR LONGER LASTING ANESTHESIA**

- in oral and periodontal surgery • in quadrant dentistry • in pulp canal work.

**CARBOCAINE HCl 2%**<sup>(1)</sup> with Neo-Cobefrin<sup>(2,3)</sup> has been proven clinically to have a wide margin of safety and to be well tolerated by all ages of patients.<sup>(4,5)</sup> As an oral anesthetic, this solution exhibits a very rapid onset of action. It has been reported that anesthesia is frequently accomplished even before the needle is removed. Moreover it produces a deep, penetrating anesthesia of satisfactory long duration. With the possible exception of extremely complicated and extensive surgery, it is rarely necessary to resort to a second injection. As a result, in both infiltration and regional block anesthesia there are practically no failures with **CARBOCAINE 2%** with Neo-Cobefrin.<sup>(4)</sup>

Millions of **CARBOCAINE** injections in private practice as well as in large scale clinical trials have proven its safety factor and effectiveness.

**CARBOCAINE** with a vasoconstrictor is particularly indicated in surgical procedures when some degree of hemostasis is desired. One of the major advantages of **CARBOCAINE** is ready diffusion into hard and soft tissues for complete control of pain.<sup>(4,6)</sup> Because of its distinctive molecule, **CARBOCAINE** does not provoke allergic responses in patients sensitized to procaine.<sup>(7)</sup>

## **CARBOCAINE HCl 3%**

WITHOUT VASOCONSTRICTOR

### **FOR ANESTHESIA OF SHORTER DURATION**

- in high-speed restorative procedures • in simple extractions • in children's dentistry.

This new formulation is possible because **CARBOCAINE** is unique among dental anesthetics in that it consistently produces satisfactory anesthesia without the need of a potentiating vasoconstrictor.<sup>(6,8,9,10,11)</sup>

**CARBOCAINE 3%** without a vasoconstrictor is well tolerated.<sup>(4,6,7,9,12)</sup> It produces as effective total anesthesia (although of shorter duration)<sup>(13)</sup> as **CARBOCAINE 2%** with Neo-Cobefrin<sup>(4)</sup> and produces significantly fast onset of anesthesia.<sup>(6,9)</sup>

One of the major advantages of **CARBOCAINE 3%** is that it produces rapid, deep anesthesia of comparatively short duration.<sup>(13)</sup> The shorter duration of operating anesthesia, in turn, reduces the duration of soft tissue anesthesia by almost as much as an hour, even in mandibular injections.<sup>(4)</sup> This reduction in duration of soft tissue anesthesia is a distinct advantage in children's dentistry. In addition, today's ultra-speed instrumentation used in many restorative procedures makes unnecessarily prolonged anesthesia obsolete. In simple extractions, **CARBOCAINE 3%** provides another distinctive advantage. It avoids the potential danger of delayed hemorrhage and aids in the prevention of alveolitis<sup>(13)</sup> since natural bleeding ensues immediately.<sup>(12)</sup> It is also valuable in periodontal scaling where normal bleeding is desired.

**CARBOCAINE**, an unsurpassed anesthetic, produces trouble-free, pain-free operating time; assures patient comfort.

**SUCCESSFUL PRACTICES NEED BOTH—**

**CARBOCAINE HCl 2%**

WITH NEO-COBEFRIN® 1:20,000

**AND NEW**

**CARBOCAINE HCl 3%**

WITHOUT VASOCONSTRICTOR

Now, you can choose with confidence the anesthetic to fit the procedure.  
COOK-WAITE, first in the field of oral anesthesia. Professional Literature and Samples  
Are Available on Request.



CARBOCAINE and NEO-COBEFRIN are the trademarks (Reg. U.S. Pat. Off.) of Sterling Drug Inc.

References: 1. Luduena, F. P., Hoppe, J. O., Coulston, F., and Drobeck, H. P. The pharmacology and toxicology of mepivacaine, a new local anesthetic. *Toxicology & Applied Pharmacology* 2:295 May 1960. 2. Luduena, F. P., Hoppe, J. O., Oyen, I. H., and Wessinger, G. D. Some pharmacologic properties of levo- and dextro-nordefrin. *J. D. Res.* 37:206 April 1958. 3. Buchert, R. W. The influence of concentration of vasoconstrictor on local anesthesia. *Oral Surgery, Oral Medicine and Oral Pathology* 12:1340 November 1959. 4. Weil, C., Welham, F. S., Santangelo, C., and Yackel, R. F. Clinical evaluation of mepivacaine hydrochloride by a new method. (to be published) 5. Ross, N., and Dobbs, E. C. A preliminary study on Carbocaine. *J.A.D.S.A.* 7:4 November 1960. 6. Berling, C. Carbocaine in local anesthesia in the oral cavity. *Odont. Revy.* 9:254 1958. 7. Dobbs, E. C., and Ross, N. The new local anesthetic, Carbocaine. (to be published) 8. Mumford, J. M., and Gray, T. C. Dental trial of Carbocaine. *Brit. J. Anaesth.* 29:210 May 1957. 9. Feldman, G., and Nordenram, A. The anaesthetic effect of Carbocaine and lidocaine. *Svenska Tandl.-Tidskr.* 52:531 1959. 10. Sadove, M., and Wessinger, G. D. Mepivacaine, a potent new local anesthetic. *J. International College Surgeons* 34:573 November 1960. 11. Sadove, M., Vermino, D., and Lock, F. Mepivacaine HCl (Carbocaine), a preliminary clinical study. *J. Oral Surgery, Anes. & Hosp. D. Serv.* in press 1961. 12. Wessman, T. A private practitioner's view of a local anaesthetic without a vasoconstrictor. *Sverig. Tandlak.-Forb. Tidsn.* No. 3 1959. 13. Schwarzkopf, H. A further advance within the field of odontological local anesthesia. *Deutsche Zahnärztl.* No. 24 1959.

NOW—from COOK-WAITE

## UNSURPASSED ANESTHESIA TO SUIT THE PROCEDURE

**CARBOCAINE<sup>®</sup> HCl 2%**

Brand of mepivacaine HCl

with NEO-COBEFRIN 1:20,000

Brand of levo-nordefrin

### FOR LONGER LASTING ANESTHESIA in

- oral and periodontal surgery
- quadrant dentistry
- pulp canal work

Millions of injections in private dental practice as well as large scale clinical trials have proven the margin of safety and effectiveness of CARBOCAINE HCl.

The established 2% solution with NEO-COBEFRIN has demonstrated a wide margin of safety and is well tolerated as an oral local anesthetic. Very rapid onset produces deep, penetrating anesthesia of long duration. In both infiltration and regional anesthesia, there has been practically no evidence of failure.

CARBOCAINE with vasoconstrictor provides other advantages including ready diffusion into hard and soft tissues for control of pain.

It is particularly indicated in periodontal surgery when some degree of hemostasis is desired to produce a dry field. Because of its distinctive molecule, CARBOCAINE does not provoke allergic responses in patients sensitized to procaine.

**CARBOCAINE<sup>®</sup> HCl 3%**

Brand of mepivacaine HCl

without vasoconstrictor

### FOR SHORTER ACTING ANESTHESIA in

- those restorative procedures which high-speed techniques have shortened so dramatically
- simple extractions
- children's dentistry

One of the major advantages of new CARBOCAINE 3% without vasoconstrictor is that it produces deep anesthesia of relatively short duration by virtue of its own distinct constricting ability. It reduces soft tissue anesthesia by as much as one hour, a distinct advantage today in children's dentistry and in restorative procedures.

This new formulation is possible because CARBOCAINE is unique among dental anesthetics in that it consistently produces satisfactory anesthesia without the need of a potentiating vasoconstrictor. CARBOCAINE 3% without a vasoconstrictor has proven well tolerated. It achieves shorter duration anesthesia but is equally as effective as CARBOCAINE 2% with NEO-COBEFRIN, and produces significantly fast onset of anesthesia.

In simple extractions, CARBOCAINE 3% avoids the potential hazard of delayed hemorrhage and aids in the prevention of alveolitis since natural bleeding ensues immediately. It is also valuable in periodontal scaling where normal bleeding is desired.

## SUCCESSFUL PRACTICES NEED BOTH!



**COOK-WAITE**  
*Laboratories, Inc.* NEW YORK 18, N. Y.

Professional literature,  
including bibliography,  
and samples on request.

MARCH • APRIL • 1961

CARBOCAINE AND NEO-COBEFRIN ARE THE TRADEMARKS (REG. U. S. PAT. OFF.) OF STERLING CRUICKSHANK.

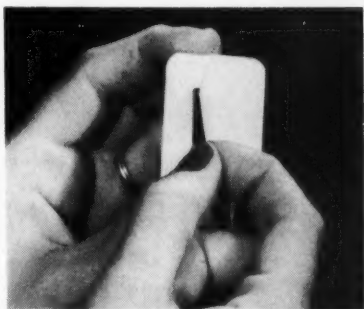
and although various alginate materials are available at considerably lower cost, I still prefer Jeltrate. It is always reliable and accurate. I never have to worry about the impression.

*Din*



This letter is NOT in our files. We made it up. But we followed, practically word for word, the oral comments of a dentist who recently visited our laboratories in Milford. And we are glad that his opinion of Jeltrate is shared by so many others.

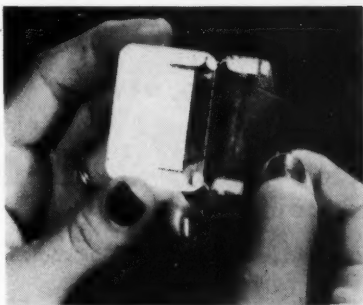
**CAULK** Milford, Delaware



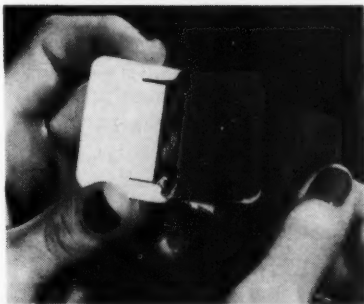
## ONE SMOOTH PULL

—the film is free in your fingers without groping or fumbling.

That's the convenience exclusive Du Pont "Pull-A-Tab" gives you, saving broken nails, scratched pictures, the danger of dropping undeveloped film on the darkroom floor.



You pull the tab, slide out the inner lining and remove the film. There's no danger of clipping foil or paper to the film with the hanger. The green tab of the packet identifies the tongue side with both tab and film indented with the familiar dimple-dot. This makes for easy external identification and faster "tongue-side—tube-side" orientation when processed films are mounted for viewing.



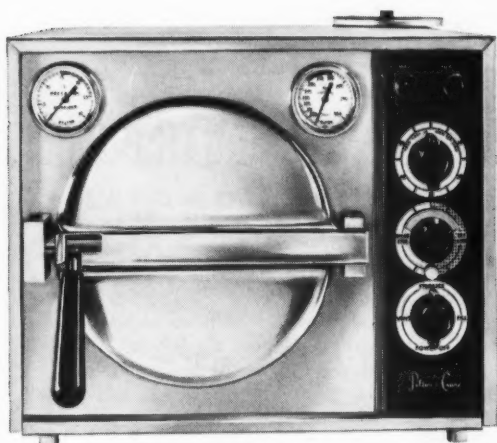
The packet is completely saliva-proof and is heat-sealed to avoid the use of sticky glues which might adhere to your fingers. This film is available *right now* through your supplier. If you are not enjoying the convenience of the "Pull-A-Tab" packet, why not give him a call?



For a comprehensive Dental X-ray Technique Chart or compact Du Pont Dental X-ray Products Catalogue, send a card to: E. I. du Pont de Nemours & Co. (Inc.), Photo Products Department, Wilmington 98, Delaware.



Better Things for Better Living  
... through Chemistry



**NOW!**  
**STEAM AND DRY**  
**STERILIZATION**  
**IN A**  
**SINGLE UNIT!**

**PELTON & CRANE'S ASTOUNDING, NEW**  
**OMNI-CLAVE**  
**DOES 2-IN-1 DUTY**

The only dual-purpose unit on the market, OMNI-CLAVE gives you both steam and dry sterilization in a single-chamber auto-clave. Among its superior advantages are ease and speed of operation.

Single-knob action sets pressure and temperature. From a cold start, OMNI-CLAVE reaches pressure in 10 minutes; on successive cycles, in less than 4 minutes. OMNI-CLAVE takes up to 3 trays, instruments up to 13 inches—chamber is 7" x 14".

**OTHER OUTSTANDING FEATURES:**


1. Operation—Simple
2. Speed—Remarkable
3. Easy to clean
4. Upkeep—Most Economical

**OMNI-CLAVE**

frees you for other important duties . . . saves your

**TIME • PRESSURE • TEMPERATURE**

Write to dealer for literature and a practical demonstration.

 *the Pelton & Crane company*

P.O. BOX 3664, CHARLOTTE 3, NORTH CAROLINA

*Fine Professional Equipment Since 1900*

# IDEAS\*

for a  
V.I.P.



## \* WHEN IS THE WORD FOR MONEY

In a dental office, it is important to know *When* money will have to be paid out . . . and *When* money will come back in.

For example, during your busiest seasons, your office will be laying out more cash for supplies and extending more credit to patients than in slack seasons. Since there is a lag between the time a dentist finishes a patient's treatment and the time he gets paid for it, he might find himself short of cash at the time when obligations were heaviest.

Such a situation might force him into borrowing at an unfavorable interest rate for the sake of getting a fast loan. Or it might force him to become delinquent in his own payments, thus hurting his credit rating.

The way to prevent such developments is to sit down with him at the beginning of each year and estimate what the office's cash requirements are likely to be *each* month, and what the receipts are likely to be *each* month. This enables him to foresee tight spots in time to do something to prevent them.

For instance, if heavy insurance premiums will come due during the summer when not much cash is coming in, several courses would be open. You could take steps in the spring to collect outstanding debts a little more promptly. Or the dentist might shop around for a loan at favorable rates.

By using the experience of the previous year as a guide, you will find that making such an estimate is not at all difficult.

Another form of experience that can be equally useful to your dentist is that of the Ney Gold representative. He is a specialist with extensive experience in gold prosthetic technics. In a few minutes, he can bring your dentist up-to-date on the latest developments in this field.

**THE J. M. NEY COMPANY**  
HARTFORD 1, CONNECTICUT



# MORE and MORE DENTISTS

## *Personally* Use and Recommend **STIM-U-DENTS**

Once you personally use STIM-U-DENTS you will be immediately impressed with this effective, pleasant means of removing food particles, cleaning teeth surfaces and massaging gums in the spaces between the teeth . . . and without injury to interproximal silicate fillings.

And we feel sure you will want your patients to likewise benefit through this aid to mouth cleanliness and prevention of bad breath due to food fermentation.

But aside from this aid in oral hygiene, the widespread acceptance by dentists has found many specific applications for STIM-U-DENTS.

- 1 FOR BLEEDING GUMS
- 2 FOR SOFT, SPONGY GUMS
- 3 FOR RECEDING GUMS
- 4 THE TREATMENT OF VINCENT'S INFECTION AND OTHER GUM PATHOSIS
- 5 AFTER PROPHYLAXIS
- 6 EXCESSIVE CALCULUS ACCUMULATION
- 7 CLEANING TRAUMATIZED AREAS
- 8 CLEANING AROUND BRIDGES
- 9 EFFECTIVELY USED WITH ORTHODONTIC APPLIANCES
- 10 REVEAL CAVITIES AND LOOSE FILLINGS



Employed with excellent results as an aid to prevention and treatment of PYORRHEA and GINGIVITIS

What else, for so little cost and effort, could provide such a convenient safeguard to tooth and gum health?

**Ask For FREE SAMPLES for Patient Distribution.**

## STIM-U-DENTS

FINISH WHAT THE TOOTHBRUSH LEAVES UNDONE

STIM-U-DENTS, INC., 14035 Woodrow Wilson, Detroit 38, Mich.

☐ Send FREE SAMPLES for patient distribution.

DENT. ASS'T. 3-61

Dr. \_\_\_\_\_

Please enclose your Professional Card or Letterhead

Address \_\_\_\_\_

City \_\_\_\_\_ Zone \_\_\_\_\_ State \_\_\_\_\_

# ANOTHER HANAU CONTRIBUTION TO BETTER DENTISTRY

*A uniquely new and functional accessory  
for your operatory*

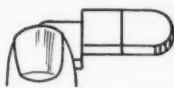


*so simple, so sensible, so convenient...*

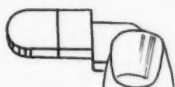
## THREE syringes in ONE

Triplex supplants your present separate water, air and spray syringes. Adapts readily to the warm water and air supply of the dental unit. The Triplex syringe then occupies the same receptacle as the water syringe it replaces.

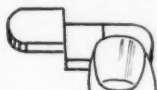
*From a single nozzle...with the flick of a thumb*



**Merely depress button at left for water stream.** Provides a very fine, forceful, non-splashing water stream from dental unit warm water supply or other source.



**... at right for air.** Provides the desired volume of air for all requirements.



**... center and right for atomized spray.** Provides the effective flushing action of an atomized spray, without the necessity of connecting bottle or special nozzle.

Air, water, or spray volumes are adjustable to suit your preference.

The Hanau Triplex fits most standard units as well as being ideally suited for custom installations. Mail coupon for full details.



Please send complete information on:

- ☐ The Hanau Triplex Syringe.
- ☐ The New Hanau Accu-Stat Water Heater.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zone \_\_\_\_\_ State \_\_\_\_\_

## 40 MILLION CHILDREN NEED FLUORINE

*only 10 Million Children Get It !*

*30 Million Children Do Not !*

THERE ARE APPROXIMATELY 60,000  
DENTAL OFFICES AND DENTAL ASSISTANTS

The Dentist has some time to devote to educating his patients.

The Dental Assistant probably has a little more. Together each  
Dentist and Dental Assistant have the job of teaching.

$$\frac{30,000,000}{60,000} = 500 \text{ Children's Parents}$$

That, we believe you will agree, is quite an order. But it can and  
will be done.

Here is a quotation from Percy T. Phillips, 1959 President of The  
American Dental Association. In the 1959 program of A. S. D. C.

*"Instilling sound precepts of Dental Health Education and of care  
at an early age for ever-increasing numbers of boys and girls is  
essential if we are to achieve the basic aim of a responsible health  
profession — A population with lifetime teeth, and free of much  
of the dental disease that besets the nation today."*

Dr. Phillips is optimistic and confident that vast improvement is  
possible and probable. Notice he does not set a date when this is  
likely to be accomplished. That date depends on the efforts of  
those who are able to teach the public.

We call your attention to the charts on the opposite page. They  
are self explanatory, and impressive.

The problem is:

- (1) How to get this information to mothers before they have their  
babies.
- (2) How to impress all parents with the importance of preventive  
care of the teeth.

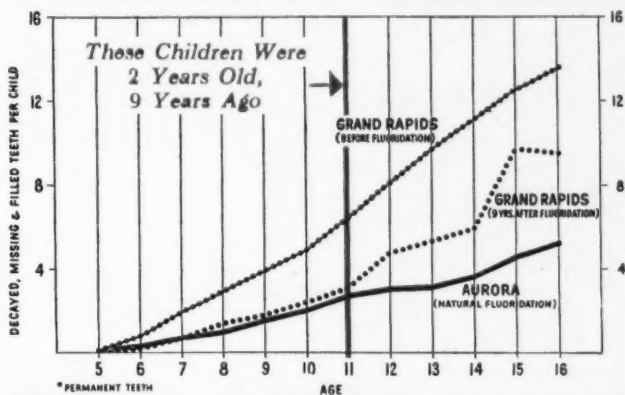
Numerous ways suggest themselves — Health Departments, Pedia-  
tricians, Dental Auxiliaries, Parent-Teacher organizations, etc. How-  
ever it will probably remain for the Dentists and Dental Assistants  
to inform these groups of the possibilities.

### FLUORITAB CORPORATION

625a South Saginaw Street

Flint, Michigan

## Decayed, Missing & Filled Teeth\* Per Child NINE YEARS AFTER FLUORIDATION (GRAND RAPIDS, MICHIGAN)



### Growth of the Teeth

Tooth	Hard Tissue Amount of Begins Forming	Enamel at Birth	Enamel Complete	Erupts	Root Complete
<b>BABY TEETH</b>					
Upper Centr. Incisor .....	4 mos. in uterus	5/6	1 1/4 mos.	7 1/2 mos.	1 1/2 yrs.
Upper Cuspid .....	5 mos. in uterus	1/3	9 mos.	18 mos.	3 1/4 yrs.
Lower Cuspid .....	5 mos. in uterus	1/3	9 mos.	16 mos.	3 yrs.
Lower 1 Molar .....	5 mos. in uterus	cuspid united	5 1/2 mos.	12 mos.	2 1/4 yrs.
Lower 2 Molar .....	6 mos. in uterus	cuspid tips isolated	10 mos.	20 mos.	3 yrs.
<b>PERMANENT TEETH</b>					
Upper Centr. Incisor .....	3-4 mos.	none	4-5 yrs.	7-8 yrs.	10 yrs.
Upper Cuspid .....	4-5 mos.	none	6-7 yrs.	11-12 yrs.	13-15 yrs.
Upper 1st Bicupid .....	18-21 mos.	none	5-6 yrs.	10-11 yrs.	12-13 yrs.
Lower 2nd Bicupid .....	27-30 mos.	none	6-7 yrs.	11-12 yrs.	13-14 yrs.
Lower 1 Molar .....	at birth	trace	2 1/4-3 yrs.	6-7 yrs.	9-10 yrs.
Lower 2 Molar .....	30-36 mos.	none	7-8 yrs.	11-13 yrs.	14-15 yrs.
Lower 3 Molar .....	8-10 years	none	12-16 yrs.	17-21 yrs.	18-25 yrs.

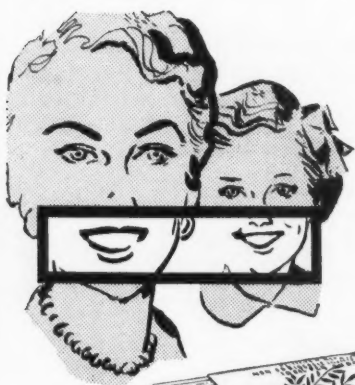
### These Two Charts Prove That Children's Dental Care Should Start at a Very Young Age

The Fluoritab Corporation recommends that you get Fluoridation if you can. If you cannot, then Fluoritabs (1 milligram Fluorine Tablet) are the next best. A full years supply cost less than \$4.00 per child.

Fluoride supplements, including Fluoritabs may be prescribed only by dentists and physicians

**FLUORITAB CORPORATION**  
625a South Saginaw Street  
Flint, Michigan

Complete information, samples, reprints, dispensing labels, prices, and prescription instructions, furnished free upon request.



Rx for caries-active patients



**SUGARLESS "SWEETS"**



**NON-CARIOGENIC GUM**

Peppermint, Spearmint, Fruit, Cinnamon, Clove, Grape and Licorice

**NON-CARIOGENIC MINTS**

Mint, Lime, Clove, Wintergreen, Wild Cherry, Choco-Drops and Licorice. Also Sugarless Fruit Drops and Cough Drops.



AMUROL PRODUCTS CO.  
NAPERVILLE, ILL.

Available at drug stores, department and health food shops. Samples and literature, including Patient Distribution Folders, upon request. Please give druggist's name and address.

*The* **OFFICE VALET®**

Holds six coats spaced apart in an orderly manner . . . 6 hats on slotted shelves above and 4 umbrellas below. Stands on 3 vacuum rubber shoes close against the wall . . . saves floor space. Write today for a catalog describing this and other floor-standing and wall mount units.

Write for  
Catalog OV-760

**VOGEL-PETERSON CO.**  
"The Coat Rack People"  
ELMHURST ILLINOIS

**S-6**  
Height 6'1"  
Width 2'6"  
Depth  
(at base)  
1'6" at the  
widest point

*about cancer?*

It's time you did! Last year cancer claimed the lives of 250,000 Americans; 75,000 of them lost their lives *needlessly* because they didn't know the facts of life about cancer. 800,000 Americans are alive today . . . cured of cancer . . . because they went to their doctors *in time*. They knew that a health checkup once a year is the best insurance against cancer. Make an appointment right now for a checkup . . . and make it a habit *for life*.

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...to improve operating  
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Choice of Regular, Heavily  
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Morse Chuck-type Handles.

**Preferred by Doctors and  
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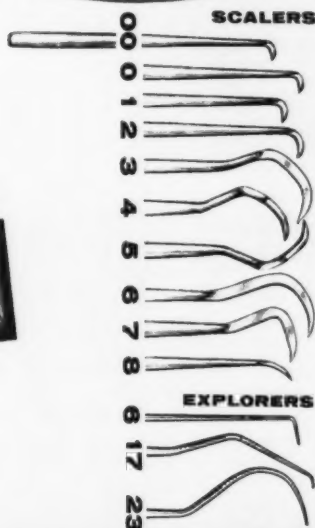
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only  
**CHANGE  
ONLY THE  
POINT**  
**45¢**



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Gives you handy assortment of R&R Morse Instruments. Contains 12 Stainless Scalars, 2 Handles, in convenient package. Only \$8.75. Ask your dealer.



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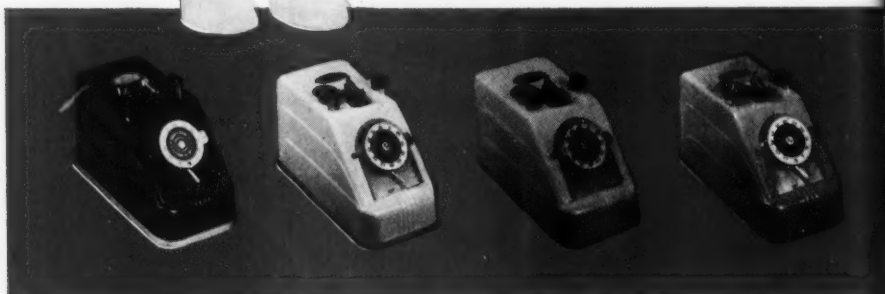
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Established 1872



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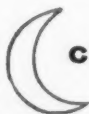


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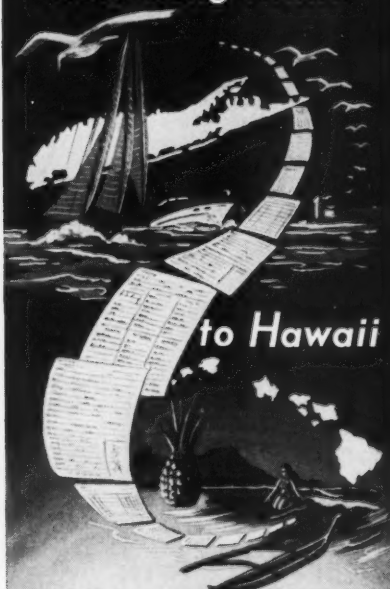
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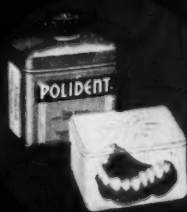
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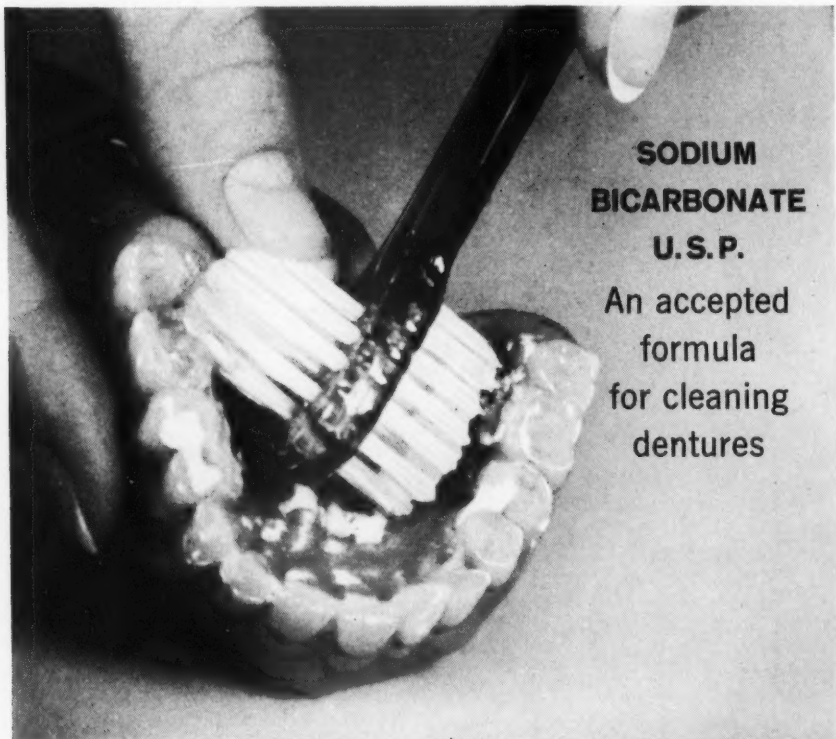
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1. Accepted Dental Remedies, 26th ed., American Dental Association, 1961, p. 180.



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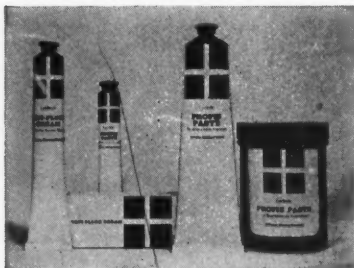
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